

iJOURNALS FEEDER UPDATE REQUEST FORM

Use this form to request changes to feeder owner authorities or changes to feeder attributes.

Type of change: (check all that apply)

<input type="checkbox"/> New Feeder Owner Authority	<input type="checkbox"/> New Business Owner Authority	<input type="checkbox"/> Feeder Contact Change	<input type="checkbox"/> Force PTA Change
<input type="checkbox"/> Revoke Feeder Owner Authority	<input type="checkbox"/> Revoke Business Owner Authority	<input type="checkbox"/> Feeder Name Change	<input type="checkbox"/> Feeder Deactivation

Enter Feeder ID(s):

Review the [iJournals Responsibility Matrix](#) to determine the type of feeder access required.

Note: Feeder/Business Owners automatically inherit **iJournals Specialist** authority. If **iJournals Central** is required, click this checkbox and provide detailed justification for this role in the 'Reason to Grant' space below.

New Feeder Owner Authority

Feeder Owner Information (three owners max.)	Grant Start Date	Grant End Date
1. Employee Full Name		
SUNet ID (e.g. msmith)		
E-mail Address		
Job Title/Department		
2. Employee Full Name		
SUNet ID (e.g. msmith)		
E-mail Address		
Job Title/Department		
3. Employee Full Name		
SUNet ID (e.g. msmith)		
E-mail Address		
Job Title/Department		
Reason to Grant (Provide as much detail as possible)		

Revoke Feeder Owner Authority

Before revoking, please ensure there is at least one active feeder owner.	Revoke Date	
1. Employee Full Name		
SUNet ID (e.g. msmith)		
E-mail Address		
2. Employee Full Name		
SUNet ID (e.g. msmith)		
E-mail Address		
3. Employee Full Name		
SUNet ID (e.g. msmith)		
E-mail Address		
Reason to Revoke		

New Business Process Owner Authority

Business Process Owner Information (one owner max.)		Grant Start Date	Grant End Date
Employee Full Name			
SUNet ID (e.g. msmith)			
E-mail Address			
Reason to Grant (Provide as much detail as possible)			

Revoke Business Process Owner Authority

Employee Full Name		Revoke Date
SUNet ID (e.g. msmith)		
E-mail Address		
Reason to Revoke		

Feeder Contact Information Change

Employee Full Name		
Phone Number		
E-mail Address		
Effective Date		

Feeder Name Change

New Feeder Name (30 char. max.)		
New Feeder Description (30 char. max.)		
Reason for name change		
Effective Date		

Force PTA Change

New Force PTA		
Reason for PTA change		
Effective Date		

Deactivate Feeder

Please note: When deactivating a feeder, complete the revocation authority sections above for feeder owners and the business process owner.

Reason for deactivation		
Deactivation Effective Date		

Approval

Attestation: I authorize the requested changes and agree new owners will comply with the [Feeder Policies and Responsibilities](#).

Print Name		Approval Date:	
Approver Signature			

Send completed form to Systems and Reporting Operations: financial_info_systems@lists.stanford.edu