Kansas State University

Research And Discovery Activity Reporting (RADAR) Access Form Research Administrators Level Access

Employee Name:

eID:		
Email:		
Department Name:		
Department/Org Number:		
Please read the following, sign and date the form, a RADAR reports.	nd return to RADAR@ksu.edu . Users will be gran	ited read-only access to the
Access to RADAR is obtained through the eID and pass be shared with others. I have read the Information Te by those policies.	•	•
I am aware that the RADAR reports include information proposal information. Access to this information is for stewardship and confidentiality policies and procedu access and could result in further administrative and	r official university use only and is subject to all uni es. Failure to safeguard this information will resul	versity data security, privacy,
Note: If you need additional reports and/or data stimeframe, filters, etc. in you requests. Allow an approximanaged on a first in first out basis. Additional access	ropriate amount of time to complete your request	, last minute requests will be
(Employee Signature)	(Date)	
(Supervisor Signature)	(Date)	
(Unit/Dept Head Signature)	(Date)	
(Data Owner Head Signature)	(Date)	
(RADAR Administrator Signature)	(Access Given Date)	