



# Cost Allocation Security Authorization Form - Page 2

Name: \_\_\_\_\_  New User  Change to an Existing User  
 (Please Print)

Position: \_\_\_\_\_ User ID: \_\_\_\_\_

Institution: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Validation & Posting** CA 06  Add  Delete

*Only one user per institution should have the CA\_06 Rights Identifier.*

- CA0105UG External Charge Maintenance (view, insert, update, & delete)
- CA0115UG Initiate C/A Validation (view & insert)

**C/A Phone Detail Reporting** CA 07  L  Add  Delete

- CA0240CP Cost Allocation Phone Statement

**Fax to:**

Metro Region	Northern (Moorhead) Region	Southern (Mankato) Region	Central (St. Cloud) Region
Voice: 651-201-1442 Fax: 651-917-4731	Voice: 651-201-1442 Fax: 651-917-4731	Voice: 651-201-1442 Fax: 651-917-4731	Voice: 651-917-4733 Fax: 612-626--5450