

MyRA Access Request Form

1. Requestee

Full Name	_____
Title	_____
Department	_____
Pitt Email Address	_____
Sponsored Account?	<input type="checkbox"/> Yes this is a sponsored account
Briefly indicate why access is being requested:	<div style="border: 1px solid black; height: 40px;"></div>

2. Supervisor

Full Name	_____
Title	_____
Department	_____
Pitt Email Address	_____
Signature	

3. Authorized RC

A Dean/School-level signature is required before this request can be processed.

Full Name	_____
Title	_____
Department	_____
Pitt Email Address	_____
Signature	

4. Access Type Requested

Check all that apply.

<input type="checkbox"/> Research Administrator	This access will add the user directly to individual MyRA records based on the selections below. They will appear on the record's access lists and will receive communications based on that. This will only apply to items that exist in MyRA at the time of request, the user will need to be manually added to new items.
<input type="checkbox"/> Organizational Reader	This access grants Read Only access to all records owned by a Department and will automatically allow access to both current and newly created records. The user is not added to individual record access lists so will not show up on the record and will only receive communications from inside MyRA if they are manually added to the communication.

5. Research Administrator Access Details

Complete only if Research Administrator access was selected above.

List department numbers/names (e.g. 35207 – Dept of Medicine) or PI names and emails for PI-specific access.

Departments / PIs

Record Type	Read	Edit
Material Transfer Agreement (MTA)	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality / Non-Disclosure Agreement (CDA/NDA)	<input type="checkbox"/>	<input type="checkbox"/>
Data Use Agreement (DUA)	<input type="checkbox"/>	<input type="checkbox"/>
Not Sure/Other (NOT)	<input type="checkbox"/>	<input type="checkbox"/>
Sponsored Research Agreement (SRA)	<input type="checkbox"/>	<input type="checkbox"/>
Outgoing Subaward (SWD)	<input type="checkbox"/>	<input type="checkbox"/>
All record types	<input type="checkbox"/>	<input type="checkbox"/>

6. Organizational Reader Access Details

Complete only if Organizational Reader access was selected above.

List five-digit department numbers/names for read-only access. Ex: 35207 – Dept of Medicine

Departments