**Administrator Access Request Form**

Please complete this form for each person in your organization that will require administrative access in the new Learning Management System and identify the level of access you would like them to have.

**Name:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Primary Organization:** Click or tap here to enter text.

**Sub-Organization (if applicable):** Click or tap here to enter text.

**Access level:** Select:

* **Primary Org,** if they should be able to perform the listed task for their primary organization only
* **Primary and Sub-Org,** if they should be able to perform the listed task for both their primary organization and all sub-organizations of that primary organization (e.g., a national organization may want to also report on behalf of state or local-level organizations of the same sport).
* Do not check any box for the listed task if they should not have permissions for it at any level.

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| --- | --- | --- |
| **Primary**  **Org** | **Primary and Sub-Org** | **Task/Capability** |
|  |  | Ability to send password-reset emails |
|  |  | Ability to view members |
|  |  | Ability to view dashboards |
|  |  | Ability to run reports on training completions |
|  |  | Ability to edit user information (change email/address etc.) |
|  |  | Ability to link user’s history to another sport (if available) |
|  |  | Ability to print/email certificates |

Please return one completed form for EACH administrator in your organization who requires admin-level LMS permissions at least 30 days prior to your go-live date and send to safesportLMS@safesport.org.

Thank you, and email safesportLMS@safesport.org if you have any questions.