SOUTH CAROLINA Student Loan

South Carolina Student Loan (SCSLC)
School Portal Authorization Request Form

Section 1: (To be completed by Financial Aid Office (FAO) Administrator)

College or University Name: _____

DE Number (School Code): _____

Request Date: _____

I authorize: (please print)

Name: _____

Title: _____

Phone: _____

Email: _____

To be granted:

_____ Read-only Access
_____ Certify and update application information
_____ FAO Administrator – Will have all abilities listed above with capabilities to add users and update the school's profile.

Section 2: (To be completed by User name above with FAO Administrator)

Your password is to be treated as confidential information, and as such, the password for your SCSLC user account should never be told to anyone under any circumstances. First-time user access will be granted with a default password, and you will be prompted to reset your password as you gain access to the system initially. You will be prompted to change your password every 60 days, or sooner as policy dictates, and you agree to comply with this user access control.

I understand that all transactions will be updated to reflect my user account (identifier). I also understand that I am responsible for all updates recorded under my user account, and my password will not be shared with any parties.

User Signature: _____

FAO Administrator Signature _____

Section 3: (To be completed by Client Services at SCSLC)

User Account Name Defined: _____

Default Password: _____

Notification Sent By: _____

Date Notified: _____

Comments: _____

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