# REDCap Account Access Request Form

**University of Alabama at Birmingham**  
Department of Pediatrics Research Office

*Use this form to request the creation or deactivation of a REDCap account.*

<table>
<thead>
<tr>
<th>Choose One:</th>
<th>Create Account</th>
<th>Deactivate Access</th>
<th>Date of Request:</th>
<th>mm</th>
<th>dd</th>
<th>yy</th>
</tr>
</thead>
</table>

**Assignment:**  
- Faculty  
- Fellow  
- Staff  
- Student**  
- External Collaborator*  

*Students must renew every year.*  
*External Collaborator, GO TO the External Collaborator Section below.*

Name of User: ___________________________  
(First) ___________________________  
(Last)

**Institution:**  
- UAB  
- COA

Department:  
- PEDS  
- Other: ___________________________

Office Phone: ___________________________ - ___________________________

Email: ___________________________

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### If External Collaborator:

Name of Requester: *(UAB faculty or staff making request)*  
(First) ___________________________  
(Last)

Name of External Collaborator: ___________________________  
(First) ___________________________  
(Last)

Study / Project Role: ___________________________

Institution: ___________________________

Office Phone: ___________________________ - ___________________________ - ___________________________

Email: ___________________________

Length of time (years) External Collaborator Requires Access: ___________________________  
*Must be renewed every 5 years.* *(If indefinite leave blank)*

REDCap Account Approved / Established By: ___________________________  
Date: ___________________________

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**Notice:** *If you are collecting data for the purposes of human subjects research, review and approval of the project is required by the UAB Institutional Review Board before entering any research data.*

Please email completed form to Emily Mixon (emixon@uab.edu).