EXTERNAL APPLICATIONS (NON-OMNI)
ACCESS REQUEST FORM

Fax to OMNI Security 850-645-9518

INDICATE WHY THE eORR MODULE WAS NOT USED FOR THIS REQUEST:

- Courtesy Appointment
- Both Supervisor and Supervisor’s Supervisor Position are Vacant
- Mutually Exclusive Roles
- Other: __________________________________________________________

REQUEST FOR:

- Last Name: __________________
- First Name: __________________
- NWRDC ID: __________________
- FSUID: __________________
- Email: __________________
- Phone #: __________________
- Dept. Name/Number: __________________
- Fax #: __________________

ACCESS REQUESTED: (Please check the box or boxes)

<table>
<thead>
<tr>
<th>NWRDC Account:</th>
<th>Add</th>
<th>Delete</th>
<th>Deactivate</th>
<th>Effective Date:</th>
</tr>
</thead>
</table>

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<tr>
<th>Secure Web Applications:</th>
<th>Add</th>
<th>Delete</th>
</tr>
</thead>
</table>

- NWRDC User ID
- FSUID Lookup – Department Access
  - Department Code: __________
- FSUID Lookup – Campus
  - *Requires written justification
- FSUID Helpdesk – Department
  - Department Code: __________
- FSUID Helpdesk – Campus
  - *Requires written justification
- FSUID Network
- FSUID Trusted Lookup (FSU Police Department use only)
  - *Requires written justification

Written justification *(Justification should be specific about the job duties that require access to the application.)*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
EMPLOYEE ACKNOWLEDGEMENT: I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to the State University System and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling, security violations. 

FURTHER, I AGREE TO PROTECT MY USER ID AND RELATED PASSWORDS FROM UNAUTHORIZED USE AT ALL TIMES AND UNDERSTAND THAT ACTIVITY LOGGED TO MY USER ID IS MY RESPONSIBILITY. I ACKNOWLEDGE MISUSE OF THIS AUTHORITY COULD LEAD TO DISCIPLINARY OR CRIMINAL ACTION.

Note: Dean/Director/Department Head or designee approval is required.

Employee Name Printed: ___________________________ Employee Signature: ___________________________

Title/Position: ___________________________ Date: ___________________________

Supervisor’s Name Printed: ___________________________ Supervisor’s Signature: ___________________________

Title/Position: ___________________________ Date: ___________________________

_____________________________ ___________________________

Security Office Only

Approved By: ___________________________

Approval Date: ___________________________

Comments: ___________________________

_____________________________ ___________________________

Revised August 12, 2010