



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)

NWRDC Account:

Add Delete Deactivate Effective Date: _____

Secure Web Applications:

- | Add | Delete | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | NWRDC User ID |
| <input type="checkbox"/> | <input type="checkbox"/> | FSUID Lookup – Department Access Department Code: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | FSUID Lookup – Campus *Requires written justification |
| <input type="checkbox"/> | <input type="checkbox"/> | FSUID Helpdesk – Department Department Code: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | FSUID Helpdesk – Campus *Requires written justification |
| <input type="checkbox"/> | <input type="checkbox"/> | FSUID Network |
| <input type="checkbox"/> | <input type="checkbox"/> | 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