



THE FLORIDA STATE UNIVERSITY

INFORMATION TECHNOLOGY SERVICES

Computer System Application Access Form

This form should be completed by the Departmental Security Coordinator (DSC), printed, signed, and faxed to the appropriate Application Security Manager (ASM). Applications requiring additional documentation are noted below.

Employee Information

FSUID: _____ NWRDC ID: _____

Last Name: _____ First Name: _____

Building: _____ Room: _____ Phone: _____ Mail Code: _____

Department Name: _____ Security Group Code: _____

FSU Email Address: _____ Access Termination Date: _____
(REQUIRED FOR ACCESS TERMINATION REQUESTS)

Application Request Information

Add	Delete	Application	Additional Documentation/Instructions Required	ASM Fax #
<input type="checkbox"/>	<input type="checkbox"/>	Admissions Data	Request for Domain Security Access	644-1597
<input type="checkbox"/>	<input type="checkbox"/>	Centralized Address System		644-1597
<input type="checkbox"/>	<input type="checkbox"/>	Student Academic	Student Data Application Authorization	644-1597
<input type="checkbox"/>	<input type="checkbox"/>	Withdrawals		644-1597
<input type="checkbox"/>	<input type="checkbox"/>	Housing		644-7997
<input type="checkbox"/>	<input type="checkbox"/>	Health Center		644-1491
<input type="checkbox"/>	<input type="checkbox"/>	Financial Aid		644-6404
<input type="checkbox"/>	<input type="checkbox"/>	Orientation		644-0687
<input type="checkbox"/>	<input type="checkbox"/>	Student Financial/Cashiering	Student Business Services Security & Roles	644-5142
<input type="checkbox"/>	<input type="checkbox"/>	Counseling Center	** ACCESS ONLY GRANTED TO COUNSELING CENTER EMPLOYEES**	644-3150

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.

Employee Signature Date

Supervisor Name Supervisor Signature Date

DSC Name DSC Signature Date DSC NWRDC ID DSC Phone #