

Please check one: Request for new access Request to modify access - Please provide your User ID _____

User Information

Last Name: _____ Title/Role: _____
 First Name: _____ M.I. _____ Phone: _____
 E-mail address: _____ Social Security Number: _____

Organization Information

Organization: _____
 Mailing Address: _____
 Department Head: _____

Please indicate the role(s) that you are requesting.

General Ledger Viewer Grants Management Viewer Requisitioner
 Other (please explain) _____

For each role you have requested, indicate the accounts and/or projects that you need to access. If you are requesting access to all accounts and projects within an organization, or a range of organizations, indicate a low and a high organization value in the applicable column and row(s) below. Otherwise, list the individual account and/or project numbers in the applicable column and row(s) below. You may add an attachment if needed.

Role	Organization Number		GL Account Number(s) and/or Grant Project Number(s)
	Low	High	
General Ledger Viewer			
Grants Management Viewer			
Requisitioner			

Applicant Authorization

I acknowledge that all work performed on this computer account has been assigned to me by my supervisor. I acknowledge that any remuneration received for work performed will be reported according to University policy and regulations on copyrights, patents and royalties. I have also read and am aware of the University regulations on conflict of interest and their application to the work I do on this account. I am aware that this computer account is for my exclusive use and I will not allow other individuals to log on to the computer with my account and password.

 Applicant's Signature Date

Departmental Authorization

Authorization for all administrative computer accounts is at the discretion of the administrative office and the TIS Data Security Officer (DSO). Each computer account must be signed by the user's department head. This department head must be registered with the DSO. Unauthorized signatures will not be accepted. All departments must vouch for the accuracy of the above information. It is the responsibility of the department head to inform all computer users of the proper procedures and policies concerning data security and computer conduct.

 Department Head (please print/type)

 Authorized Signature Date

TAMS Office Use Only: