

Data Warehouse Access Request Form: Graduate Admissions

Part 1 Identification Information (please print)

Check one: New Change Delete

Full Name: _____

Penn Phone Number: _____ - _____ Organization Name: _____

Email Address: _____ @ _____

Campus Address: _____

PennID#: _____ PennKey name: _____

As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use of copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

Requestor signature: _____

Date: ____/____/____

Expiration Date: ____/____/____

Consultant

Part 2A Data Collection: <input type="checkbox"/> Graduate Admissions Reporting Universe <input type="checkbox"/> School collection	Part 2B Access Level: <input type="checkbox"/> Access to full universe <input type="checkbox"/> School access _____ <input type="checkbox"/> Degree access _____ <input type="checkbox"/> Graduate Group access _____	Part 2C: Query Tool <input type="checkbox"/> Business Objects Full Client OR <input type="checkbox"/> InfoView Only OR Please specify: _____
--	--	--

Part 3 Signatures Authorizing Access to Student/Course Data

The person named above has my approval for the requested warehouse access.

1. Authorizing Signature (School representative): _____ Date: ____/____/____

2. Office of the Provost Signature: _____ Date: ____/____/____

Part 4 To be completed by Security Administrator

ID assigned: _____

Initial password assigned: _____

Data Administration initials: _____

Authorizations in order. Date received: ____/____/____

Authorization incomplete. Return to sender.

Date returned to Security Administrator: ____/____/____

Date completed: ____/____/____

Remarks:

**Send completed forms to:
Data Administration - Warehouse Access
Suite 265C, 3401 Walnut Street/6228**

To request forms: see <http://www.upenn.edu/da/dw/Access.html>

For more information about BusinessObjects and InfoView see <http://www.upenn.edu/computing/da/bo/infoviewoverview.html>

To request enrollment in the online tutorial about using student data: write to da-staff@isc.upenn.edu