

# Data Warehouse Access Request Form: Social Security Numbers

Check one:  New Account  
 Terminate Access  
 Change Privileges - Reason: \_\_\_\_\_

## Part 1 Identification Information

(please print)

Full Name: \_\_\_\_\_

Penn Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Organization Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Campus Address: \_\_\_\_\_

PennID#: \_\_\_\_\_ PennKey name: \_\_\_\_\_ Oracle ID : \_\_\_\_\_

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 2 Explanation

Please review the **DRAFT Social Security Number Policy** published for comment in the May 22, 2007 Issue of the Almanac located at <http://www.upenn.edu/almanac/volumes/v53/n34/fc-ssn.html> before completing this form, to determine whether the use of Social Security Numbers is required in order for you to perform your duties at the University of Pennsylvania.

Please be specific in explaining the reason for this Request, so that it can be given full consideration. For example, if the Request is based on legal or regulatory requirements, please include reference to the specific statute, regulation or other authority involved.

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**Part 3 Data Collection and Access Type**

**This request for access pertains to the following data collections and Social Security Numbers form required:**

- Student Data
    - SSN4
    - Full SSN
  
  - Employee Data
    - SSN4
    - Full SSN
- 

**Part 4 Signatures Authorizing Access to SSNs**

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

1. School or Center Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(person who approves Data Warehouse accounts in your department, school or center)
  
  2. Office of the University Registrar Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
3451 Walnut Street, Room 221 Franklin Building
  
  3. Office of University Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
3401 Walnut Street, Suite 527A
  
  4. ISC/AIT - Data Administration Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
3401 Walnut Street/6228, Suite 265C
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**Part 5 To be completed by Security Administrator**

- Authorizations in order.
- Authorization incomplete. Return to sender.
- OACP notification.

Data Administration initials: \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date returned to Security Administrator: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks:

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

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