

Data Warehouse Access Request Form: Advancement

Check one:	<input type="checkbox"/> New Account
	<input type="checkbox"/> Terminate Access
	<input type="checkbox"/> Change privileges – Reason: _____
Part 1 Identification and Authorization (please print)	
Full Name (include middle initial): _____	
Phone Number: _____ - _____	Organization Name: _____
Address: _____	
Email Address: _____ @ _____	
PennKey ID (network ID): _____ Penn ID (from your Penncard): _____	
<i>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.</i>	
Requestor signature: _____	Date: ____/____/____
The individual named above has my permission to access Advancement collection.	
Supervisor: _____	Date: ____/____/____
Director, DAR Data Service : _____	Date: ____/____/____
Expiration Date (if applicable): ____/____/____	

Part 2 Type of Access
<input type="checkbox"/> Business Objects (Desktop Intelligence)
<input type="checkbox"/> Other: _____

Part 3 To be completed by the ISC Security Administrator	
ID assigned: _____	Initial password assigned: _____
<input type="checkbox"/> Authorization in order. Date received: ____/____/____	
<input type="checkbox"/> Authorization incomplete. Return to sender.	
Date returned to Security Administrator: ____/____/____	Date completed: ____/____/____

Part 4 To be completed by Data Administration:	
<input type="checkbox"/> Business Objects	Data Administration initials: _____:
<input type="checkbox"/> DW Users	
<input type="checkbox"/> Notification and listserv	Date completed ____/____/____
<input type="checkbox"/> Business Objects	

Send completed form to:
Data Administration – Warehouse Access
Suite 265C
3401 Walnut St/6228

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