

Access Request Form: Faculty Information System Data Warehouse

Part 1 Identification Information (please print)

Check one: New Account
 Terminate Access
 Change Privileges - Reason: _____

Full Name (include middle initial): _____

Phone Number: _____ - _____ Organization Name: _____

PennCard ID Number: _____

PennKey: _____ Oracle ID (for changes, deletions): _____

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: ____/____/____

Part 2A Requested Access for:

Faculty Information System Data Warehouse

Part 2B Access Level:

University wide
 School level (list school(s) here) _____
 Organization level (list org code(s) here) _____

Part 3 Type of Access:

Business Objects Full Client
 Infoview only
 Other. Please specify _____

Part 4 Authorizing signatures

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

Provost's Office Signature: _____ Date: ____/____/____

Part 5 To be completed by ISC Security Administrator

ID assigned: _____ Initial password assigned: _____
Data Administration initials: _____

Authorizations in order. Date received: ____/____/____
 Authorization incomplete. Return to sender.

Date returned to ISC Security Administrator: ____/____/____ Date completed: ____/____/____
Remarks:

Fill out sections 1 - 4, then send completed forms to:

Data Administration - FIS DW Access
Suite 265C, 3401 Walnut Street/6228