

## Data Warehouse Access Request Form: ISC Billing Data

<b>Part 1 Identification Information</b> (please print)	Check one: <input type="checkbox"/> New Account <input type="checkbox"/> Terminate Access <input type="checkbox"/> Change Privileges - Reason: _____
Full Name (include middle initial): _____	
Phone Number: _____ - _____ Organization Name: _____	
Address: _____	
Email Address: _____ @ _____ PennCard ID Number: _____	
PennKey: _____ Oracle ID (for changes, deletions): _____	
<p><b>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.</b></p>	

<b>Part 2A Requested Access for:</b>  <input type="checkbox"/> <b>ISC Mainframe Chargeback</b> <i>(Email, IP, wall plate charges)</i>	<b>Part 2B Access Level:</b> <input type="checkbox"/> University Wide <input type="checkbox"/> School -- School Number: _____ <input type="checkbox"/> Org Number: _____
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<b>Part 2B Requested Access for:</b>  <input type="checkbox"/> <b>ISC Networking</b> <i>(Email, IP, wall plate charges)</i>	<b>Part 2B Access Level:</b> <input type="checkbox"/> University Wide <input type="checkbox"/> School -- School Number: _____ <input type="checkbox"/> Org Number: _____
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<b>Part 2C Requested Access for:</b>  <input type="checkbox"/> <b>ISC Telecommunications</b> <i>(Invoice summary, call detail)</i>	<b>Part 2B Access Level:</b> <input type="checkbox"/> University Wide <input type="checkbox"/> School -- School Number: _____ <input type="checkbox"/> Org Number: _____
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<b>Part 3 Type of Access</b>  Business Objects Full Client? <input type="checkbox"/> OR InfoView-only? <input type="checkbox"/> (If neither of the above, please specify method of access: _____ )
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<b>Part 4 Authorizing signatures</b>  <i>The person named above has my approval for the requested warehouse access.</i>  Authorizing (ie., supervisor) Signature: _____ Date: ____/____/____  School/Center Sr. BA Signature: _____ Date: ____/____/____
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<b>Part 5 To be completed by Security Administrator</b> ID assigned: _____ Initial password assigned: _____ Data Administration initials: _____ <input type="checkbox"/> Authorizations in order. Date received: ____/____/____ <input type="checkbox"/> Authorization incomplete. Return to sender.  Date returned to Security Administrator: ____/____/____ Date completed: ____/____/____ Remarks: _____
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