

Penn Community Access Request Form

Part 1 Identification Information

Check one: New Change Delete

(please print)

Full Name (include middle initial): _____

Phone Number: _____ - _____ Organization Name: _____

Email Address: _____ @ _____

Address: _____

PennCard ID Number(or SSN): _____ PennNet ID (network ID): _____

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: ____/____/____ Consultant

Part 2 Type of Access:

- PennComm w/SSN** (member/affiliation/address access with full SSNs – need for this access must be documented)
 PennCommSSN4 (member/affiliation/address access with last-4 digits of SSN)
 Lab access (member/affiliation access with last-4 digits of SSN)

Business Objects needed? Yes No, I will be using _____

Part 3 Signatures Authorizing Access to Penn Community Data.

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

1. Authorizing (ie., supervisor) Signature: _____ Date: ____/____/____

2. ISC 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:

Part 5 Send completed forms to:

Data Administration – Penn Community Access
Suite 265C, 3401 Walnut Street/6228

To obtain forms, go to:

<http://www.upenn.edu/computing/group/penncommunity>