**PennGroups Access Form**

*This form to be utilized whenever a new PennGroup is requested.*

### Part 1 Identification Information

(please print)

- Full Name (include middle initial): ________________________________________________________________
- Phone Number: _________ - __________ Organization Name: ___________________________________________
- Email Address: ____________________@_____________________
- Address: ____________________________________________________________________________________
- Penn ID Number: _____________________ PennKey name: ______________________________

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 2 Type of Access:

- [ ] Authorize Penn Groups for

  *Service Credential*

### 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. School/Center IT Director Signature: ______________________________ Date: ____/____/____
3. ISC Data Administration Signature: ______________________________ Date: ____/____/____

### Part 2 Attach a description of the data collections in the warehouse or other data source to be utilized in the creation of the group(s) requested. (For instance, if utilizing information from Salary Management and Student collections, specify the tables or views to be accessed.)

### Part 4 Send completed forms to:

Data Administration – PennGroups Access  To obtain forms, go to:
Suite 265C, 3401 Walnut Street/6228  http://www.upenn.edu/computing/penngroups/

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