Request for Administrative Mainframe LOGON ID and Related Services

LogonID P_____

PART 1 IDENTIFICATION INFORMATION

Check one: ☐ **New** ☐ **Change/Add** ☐ **Suspend** ☐ **Delete**

Name: _____ **Title:** _____
(Please print)

PennCard ID #:_____ **University extension:** _____- _____

Department: _____ **E-mail address:** _____@_____

Intramural Address: _____ **Mail Code:** _____

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/voice 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 or 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.

Signature of Requestor:_____ **Date:** _____/_____/_____

PART 2 UMIS MENU STUDENT APPLICATIONS

☐ **SAM (incl. CSN)*** ☐ **SFSEASI (incl. CSN)***
☐ _____* ☐ _____*
☐ _____* ☐ _____*

***Authorization required from Student Financial Services**

Signature:_____

☐ **SRS – SRS Security Request Forms must be obtained from the Office of Student Information & Systems. Completed forms should be forwarded to the Registrar for approval and access to the system.**

PART 3 MISCELLANEOUS UMIS MENU APPLICATIONS

☐ **PROPERTY** ☐ _____
☐ _____ ☐ _____

PART 4 END-USER REPORTING ACCESS

☐ **TSO/ISPF** ☐ **FOCUS*** ☐ **NATURAL***

Additional authorization may be required
*** Contact ISC SecurityAdministrator for more information**

PART 5 ORGANIZATIONAL APPROVAL

Cost Center Number: ____ ____ ____ ____ ____**
**** (New requests must have Cost Center number for Data Center billing and Computer Account Administrator's signature)**

Computer Account Administrator:* _____ **Signature:** _____ **Phone:** _____
(please print)
*** (Comp. Acct. Admin. is the person to receive the monthly bill) Email address:** _____@ _____

Business Administrator: _____ **Signature:** _____**Date:** _____
(please print)

PART 6 TO BE COMPLETED BY ISC/SEO SECURITY ADMINISTRATOR

☐ **Authorizations in order. Date received**
☐ **Authorizations incomplete. Return to sender/Date returned**

OPID __ __ __

SEND COMPLETED FORMS TO:

Account Security Administrator
ISC/SEO
Suite 265C
3401 Walnut Street/6228