# Penn Community Access Request Form

## Part 1 Identification Information

(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: ____/____/____
- Date returned to Security Administrator: ____/____/____ Date completed: ____/____/____

Remarks:

## Part 5 Send completed forms to:

Data Administration – Penn Community Access
Suite 265C, 3401 Walnut Street/628

To obtain forms, go to: http://www.upenn.edu/computing/group/penncommunity

Revised 08/27/2002