

Shadow-Planner Access Request Form

Restricted to full or part-time regular employees. Access not granted to students or temporary employees.

Identification Information (please print)

Check one: New Account Terminate Access Change Privileges - Reason: _____

Full Name (include middle initial): _____ PennKey: _____

Department/Organization: _____ Phone: _____

Address: _____

Email Address: _____@_____ PennCard ID Number: _____

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 may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with University policy.

Requestor signature: _____ Date: ____/____/____

Requested Access Type (Check one):

BCP Plan Liaison only (for Mission Continuity plans, use & updating only)

BCP & BIA Plan Liaison (for both Mission Continuity plans and Business Impact Analyses, editing & reporting)

View only (for review & audit purposes)

System Administrator
(restricted to Project Team Members)

Requested Access Level (Check one):

ORG Name & Number: _____

(for access to specific department(s))

School/Center Number: _____

(for access to entire School/Center(s))

University Wide
(restricted to Project Team Members and Audit Functions)

Authorizing Signatures:

The person named above has my approval for the requested mission continuity plan access.

Authorizing (i.e., supervisor) Name: _____

Authorizing (i.e., supervisor) Signature: _____ Date: ____/____/____

School/Center Access Administrator Name: _____

School/Center Access Administrator Signature: _____ Date: ____/____/____

*Note: Authorizing Signature and the School/Center Access Administrator Signature are **both** required.*

Mission Continuity Administration:

Training Complete Access Form Complete Other _____

Shadow-Planner Login Created Added to ListServ _____

Send completed forms to: Mission Continuity Program Administration / Suite 721 Franklin Building / 6293

http://www.upenn.edu/missioncontinuity/tools_form.pdf

October 2013 (v. 6.0)