

University of Central Florida Security Authorization Form

Please read the [Instructions](#) on the web site before completing the form.

Access requested for:					
Last Name:		First Name:			MI:
PID:	EMPLID:	Eff. Date:	E-Mail:		
Dept. Name::		Dept. #:	Current Job Title:		
Location Building/Room:			Phone:	Fax:	
Requested System Access: (check all that apply)					
<input type="checkbox"/> PS (Student Admin, Human Resources)		<input type="checkbox"/> Doc View			
<input type="checkbox"/> PS Financials		<input type="checkbox"/> SASS			
<input type="checkbox"/> RDS (SR Security Contact Approval Required)		<input type="checkbox"/> Other (Please explain.): _____			
Justification for all requested access:					
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.....					
.....					
.....					

The above-named employee has been informed of, and accepts the responsibilities for, a complimentary computer account as an employee of the University of Central Florida. He/she understands that this account is for use in administrative support. Any other uses of this account are strictly prohibited. He/she understands that improper or illegal use may result in the termination of his/her account and that he/she may be subjected to disciplinary action up to and including termination of employment. (Family Educational Rights to Privacy Act - FERPA)

Employee Signature (if available):	
Signature:	Date:
Print Name:	

Authorized Department Approval:	
Signature:	Date:
Print Name:	

PS SR Security Contact Approval (Required for RDS):	
Signature:	Date:
Print Name:	

Please sign the completed form and fax it to (407) 823-4769.

----- OFFICE USE ONLY -----

University Data Administrator Approval:	
Approved: () Yes () No	
Signature:	Date: