

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)		
<u>PeopleSoft</u> Student and/or HR Financials CRM RDS* FERPA Receipt # _____ <i>(Required for RDS access.)</i>	<u>Degree Audit Security</u> Read and Print* GRAD UGRD Write Student Except.(SE)* GRAD UGRD Write Prog. Reqs.(RQ)* GRAD UGRD	<u>Other Systems</u> Doc View Other: <i>(please explain below)</i> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>

*requires SR Security Contact Approval

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)

Justification for all requested access:

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

Authorized Departmental Approval:	
Signature:	Date:
Print Name:	

PS SR Security Contact Approval (Required for RDS and Degree Audit Security)	
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: