

# Office of Information Technology

## Administrative Systems Access Request



- Complete the User Information Section with the name of the faculty or staff member requesting access, their Mail Box number, Department name and phone number.

### User Information

Last Name:	_____	Mail Box:	_____
First Name:	_____		
Middle Initial:	_____	Phone:	_____
Department:	_____		
Date:	_____		

- If the individual's access is to be deleted, indicate the system(s) for which access should be removed

<b>Remove Access To</b>	ALL	SIS	FAM	HRS	BRS	FRS
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- Indicate the systems to which the individual requires access and the type of access by circling the appropriate system name and access type.

<b>Allow Access To</b>		SIS	FAM	HRS	BRS	FRS
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<b>Type of Access</b>		Advisor	Admin Asst.	Other =>	
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*Description of Request*

- If requesting access to the FRS system, provide the account numbers for which access being requested.

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- Once approved by the department's Director or Chair, forward the request to the appropriate system manager for approval and processing. Please note, if access to multiple systems is being requested, a copy of this form must be sent to each system manager.

Approval	Name	Signature
Director/Chair		
SIS Manager	Kathy Gros or Michael Rachal	
FAM Manager	Cathy Simoneaux	
HRS Manager	Ross Matthews	
BRS Manager	Judy Vogel	
FRS Manager	Leon Mathes	

- System Manager please forward the completed form to Bob Farrell, Information Technology, Campus Box 161 for processing

<b>For Information Technology Use Only</b>			
Date Completed:		By:	