

ACCESS REQUEST

Refer to the reverse side of this form for routing and a summary of available applications and functions.
See BPPM 80.33 for complete instructions. NOTE: This is not a request for AIS User ID.

EMPLOYEE NAME (first, middle initial, last)	WSU NUMBER	MAIL CODE 5610
EXISTING AIS USER ID (required, see 80.37)	DEPARTMENT LIBRARIES	AREA/DEPARTMENT/UNIT NUMBER 18/0018
EXISTING E-MAIL ADDRESS	DEPARTMENT CONTACT CAROL ROBINSON	TELEPHONE NUMBER 5.4550

Enter only one AIS application per access form. See reverse for a list of applications.

Add	Delete	Change	Application	Functions or Options Required (see reverse for available functions/options.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

COMMENTS

Appropriate Use Statement

I understand that I am responsible for respecting the confidentiality of information assessed via computer information systems. I understand that this information is to be used for official university purposes only. Misuse of system information can result in termination of employment or other disciplinary actions. The security of information is provided for by federal and state laws (see BPPM 90.05, 90.06, and 90.07).

I understand that I am responsible for safeguarding my assigned password. I will not share my password with others. I will store passwords in secure locations. I will contact the Information Technology Help Desk if I suspect that my password has been compromised.

*I understand that unauthorized access to and/or unauthorized use of the university's computer systems or electronic databases may constitute criminal acts under RCW 9A.48.070-100 and RCW 9A.52.110-130.
I have read the above statement.*

EMPLOYEE'S SIGNATURE	DATE
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Employee signature is not required for access termination.

Departmental Approval

DEPARTMENT CHAIR'S SIGNATURE	TYPED/PRINTED NAME CAROL ROBINSON	DATE
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The department retains the pink copy and routes the completed form to the responsible administrative office as indicated on the reverse side of this form.

Approval of Responsible Administrative Office

APPROVAL SIGNATURE	TYPE/PRINTED NAME	DATE
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COMMENTS

The responsible administrative office retains the yellow copy.

INFORMATION TECHNOLOGY USE ONLY

PROCESSED BY INITIALS	DATE PROCESSED	ADABAS	SA INITIALS	DATE PROCESSED