

FLORIDA STATE UNIVERSITY INFORMATION SERVICES

Request for NWRDC User ID and System Access

This form should be completed by the Departmental Security Coordinator (DSC), printed, signed, and faxed to 645-9518.

EMPLOYEE INFORMATION

FSUID: [What is my FSUID?](#) **NWRDC ID:**

Last Name: First Name: Initial:

Building: Room: Phone: Mail Code:

Department Name: Security Group Code:

Employee FSU Email Address:

ACTION / REQUEST

Check Requested Action:
 New User ID
 Update User
 Change Access to: (application name)

Add Del	Application	Additional Documentation Required
* Requires additional authorization form(s)		
<input type="checkbox"/>	<input type="checkbox"/> Admissions Data*	https://admissions.fsu.edu/forms/Security.cfm
<input type="checkbox"/>	<input type="checkbox"/> Business Objects/Student*	http://www.oti.fsu.edu/pdf/BusinessObjectsStudent.pdf
<input type="checkbox"/>	<input type="checkbox"/> Centralized Address	
<input type="checkbox"/>	<input type="checkbox"/> Counseling Center	
<input type="checkbox"/>	<input type="checkbox"/> Departmental Lookup	Departmental Control _____ (Dept Code)
<input type="checkbox"/>	<input type="checkbox"/> Financial Aid	
<input type="checkbox"/>	<input type="checkbox"/> Health Center	
<input type="checkbox"/>	<input type="checkbox"/> HelpDesk Utility	Departmental Control _____ (Dept Code)
<input type="checkbox"/>	<input type="checkbox"/> Housing	
<input type="checkbox"/>	<input type="checkbox"/> Orientation	
<input type="checkbox"/>	<input type="checkbox"/> Student Academic*	http://www.oti.fsu.edu/pdf/stdadmin.pdf http://www.oti.fsu.edu/ais/applications/nwrdc/secform.htm
<input type="checkbox"/>	<input type="checkbox"/> Student Financial / Cashiering*	http://www.oti.fsu.edu/pdf/stdfinc.pdf a written justification for access is needed
<input type="checkbox"/>	<input type="checkbox"/> Withdrawals	
<input type="checkbox"/>	<input type="checkbox"/> Other: _____	

Comments: _____

APPROVALS/SIGNATURES

I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to the State University System and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling security violations. Further, I agree to protect my User ID and related passwords from unauthorized use at all times and understand that activity logged to my User ID is my responsibility. I acknowledge misuse of this authority could lead to disciplinary or criminal action.

	Employee Signature	Date
Supervisor PRINT Name	Supervisor Signature	Date
DSC PRINT Name	DSC's Authorizing Signature	Date
	<input type="text" value="FS"/>	<input type="text"/>
	DSC User ID	DSC Phone #