



Financial Records System (FRS) Request for Account Access

Note: Access to the Mainframe must be granted before you can be granted access to FRS.

PLEASE TYPE OR PRINT CLEARLY

Last Name	First Name	M.I.
Job Title	Division/Unit	Work Phone

Access Type: ☐ BOL (Business Office Liaison) – *Enters Requisitions*

☐ Director (Approver) – *Approves Requisitions*

Budget Codes:

If Requesting Approval Access:

Who will *enter* requisitions?

Operator ID

Operator ID

If Requesting BOL Access:

Who will *approve* requisitions?

Operator ID

Operator ID

I understand that I am responsible for all activities performed under my logon ID and password. I also understand that should I permit anyone else to use my authorization, I will be subject to losing access to the Financial Records System for a period of time. If such a violation of security is repeated, I may lose access to the system entirely.

Applicant's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Supervisor's Name and Title (Print) _____

Date _____

***** To Be Completed By Data Manager *****

Date Received _____

☐

Approved

☐

Denied

Signature of Data Manager: _____ Date: _____

Delgado

COMMUNITY COLLEGE

Value Based Security

***** To Be Completed By Data Manager *****

SYSTEM: **002**

OPERATOR NAME: _____

FISCAL YEAR: _____

CAMPUS CODE: _____

DIVISION: _____

SCHOOL: _____

DEPARTMENT: _____

SUBDEPARTMENT: _____

EXECUTIVE LEVEL: _____

FUND GROUP: _____

ACCOUNT PURPOSE: _____

SECURITY CODE: _____

APPROVAL ID: _____

SECTION:

☐

Financial Accounting

☐

Accounts Payable

☐

Purchasing

OPERATOR TYPE: _____

***** To Be Completed By Office of Information Technology*****

Date Received: _____

Assigned Operator Number: _____

Completed By: _____

Date: _____