



## Student Information System (SIS) Request for Account Access

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

PLEASE TYPE OR PRINT CLEARLY

|                      |                                       |                      |
|----------------------|---------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/>                  | <input type="text"/> |
| Last Name            | First Name                            | M.I.                 |
| <input type="text"/> | <input type="text"/>                  | <input type="text"/> |
| Job Title            | Academic Division/Administrative Unit | Work Phone           |

*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 Student Information System for a period of time. If such a violation of security is repeated, I may lose access to the system entirely.*

Signatures:

|                                                 |               |
|-------------------------------------------------|---------------|
| _____<br>Applicant                              | _____<br>Date |
| _____<br>Dean/ Director/ Department Head        | _____<br>Date |
| _____<br>Dean/ Vice Chancellor (as appropriate) | _____<br>Date |

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

|                                            |       |       |       |                 |
|--------------------------------------------|-------|-------|-------|-----------------|
| ORGANIZATION SECURITY CLASS                | A     | B     | U     | (Circle One)    |
| AUTHORIZED ACADEMIC UNIT                   | C     | N     |       | (If Applicable) |
| AUTHORIZED DIVISION:<br>(If Applicable)    | _____ | _____ | _____ | _____           |
| AUTHORIZED DEPARTMENTS:<br>(If Applicable) | _____ | _____ | _____ | _____           |
| AUTHORIZED MAJORS:<br>(If Applicable)      | _____ | _____ | _____ | _____           |

Type of Operator: \_\_\_\_\_ (Required)

Signature of Data Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_