

Ferris State University

Billing System Access Security Request Form

(please use "blue" or "black" ink to complete this form)

Employee's LEGAL Name: _____
(Please Print--- LEGAL First Name, Middle Initial & Last Name)

Novell ID: _____

Email: _____

Title/Position: _____

Office Location: _____

User's Supervisor: _____

Department: _____

Are you a student or faculty/staff? (please circle response) S F/S

Office Phone#: _____

Instructions:

Select the options which best describe the type of Billing System Security needed for you to perform your job.

Send

completed form along with Confidential Data Security Agreement to: WEST 121B ATTN: Data Security

Billing System Access - Specify below which options are required

Add Accounts: Input Query

Assign/Revoke: Input Query

Notes: _____

Employee's Signature: _____ Date _____

I hereby authorize the above named employee access to the Billing System as indicated above.

*****All responsible employees should consider internal control such as segregation of duties when requesting security*****

Department Head's Name Printed _____

Department Head's Signature _____

Date _____

BILLING SYSTEM SECURITY - DATA CUSTODIAN USE ONLY

Housing Dining CSS Other _____

Notes: _____

Access Granted: _____ _____ _____
Effective Date Data Custodian Signature Date

DATA SECURITY OFFICE USE ONLY:

Date Assigned: _____ Date User Notified: _____

Notes: _____