FAU
FLORIDA ATLANTIC UNIVERSITY

OIT Access Request Form
ANDISEC/FAUSFTP2

Request Date:_____

Please check one: ☐ **Grant Access**   ☐ **Revoke Access**

Please check one: ☐ **ANDISEC**   ☐ **FAUSFTP2**

Specify Banner Instance(s): ☐ **DEVL**   ☐ **TEST**   ☐ **FAUP**

Request can only be mailed internally or delivered in person to OIT AS Director – Steve Lutter. Do Not Send request form as an email attachment or FAX to OIT.

Account information and Access Setup

Requestor**:** _____
　　　　　　　Name　　　　　　　　　　　　　　*Department*

FAU E-mail Address: _____ @fau.edu　　　　Phone Ext. _____

Please check one:　　☐ New Account　　☐ Existing Account

Account Name _____

List all directories under this account: (ie: \oitdir)

Indicate each person's access to the directories under this account.

_____

_____

_____

_____

_____

_____

_____

_____

Read Only	Update Access	**List all users (name / netid / department name) that will need access to this account and it's directories:**
		*** If using ANDISEC, provide the building name and building number of the user (eg. SU 80) Indicate the type of access to the directories and folders for each person. If access is update then list only the highest directory level.
☐	☐	_____
☐	☐	_____
☐	☐	_____

☐ ☐
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____

Justification for access:

_____
_____
_____
_____
_____
_____

What type of information is contained in the data file/report (ie. Student data, Finance, etc.)?

_____
_____
_____
_____
_____

DATA ACCESS AUTHORIZATIONS

Listed below are the data owners for each of the Banner Schemas. Authorization is required before granting access to any data elements.   Please select the data owners that relates to the data elements that you need access too. If the data being place on or off either systems, you will need to have the data owners' approval. Access to an application is granted to specific individuals, not groups of individuals, on a need-to-know basis.

SCHEMA	APPLICATION	AUTHORIZED DATA OWNER		LOCATION .
☐ FAISMGR	Financial Aid	Director, Student Financial Aid		Bldg 80 Rm 233
☐ FIMSMGR	Finance	Controller, Controller's Office		Bldg 10 Rm 158
☐ PAYROLL	HR/Payroll/Personnel	Director, Human Resources		Bldg 10 Rm 113
☐ POSNCTL	Position Control	Director, Human Resources		Bldg 10 Rm 113
☐ SATURN	Student	Assoc Univ Registrar, Registrar		Bldg 80 Rm 145J
☐ TAISMGR	Accounts Receivable	Controller, Controller's Office		Bldg 10 Rm 158
☐ Other	_____			

Reserved for Director/Manager:
I, _____, authorize the above action for the individual.
  PLEASE PRINT
_____
Signature   Date

Reserved for OIT/Systems Group:
Granted by: _____   _____
                              Signature   Date

Reserved for OIT AS Director:
I, _____, authorize the above action for the individual.
  PLEASE PRINT
_____
Signature   Date

Reserved for Authorized Data Owner:
I, _____, authorize the above action for the individual.
  PLEASE PRINT
_____
Signature   Date

INSTRUCTIONS FOR COMPLETION OF OIT SECURITY REQUEST FORM

1. Mark X in box indicating whether request is to GRANT or REVOKE access for an individual.

2. Mark X in box indicating which system is being requested (ANDISEC or FAUSFTP2).

3. Mark X in box indicating which Banner system the data is being pulled/pushed to, if Banner system is used.(example: FAUP etc.).

4. Print individual's requestor name and information.

5. Print FAU e-mail address. NOTE: For security and Banner functionality, e-mail address must be a valid @fau.edu. Any other FAU domains or outside domains will be rejected.

6. Put in the new account or existing account name on system. (ie. Admissions). For existing account information, need to contact OIT AS team or OIT Systems if not sure of the owner.

7. New account creation, please list out all directories (subdirectories).

8. List the users and their information who will have update access to the data on the system. Check off the type of access (read only or update) starting at the highest directory level.

9. List the reason for the justification for access or new account creation.

10. Provide some detail information on what is in the file/report to be placed/retrieved. This will provide information on who needs to be in the approval process.

11. Only one for per Authorized Data Owner. If multiple signatures are required, then submit multiple forms for each Authorized Data Owner.

12. Once signature is obtained from Requestor's Director/Manager and the Authorized Data Owner, form is to be submitted to OIT AS Director in Bldg 22 Rm 203, only by internal mail or by hand delivering. DO NOT submit this request through an email or by faxing it to OIT.

13. An e-mail confirmation message of the action taken by the OIT/Systems will be sent to the individual.

14. The request form will be sent to OIT/Account Filing Representative in Bldg 22 Rm 208 for filing and tracking