USER ACCOUNT REQUEST FORM

***Note: HRS accounts require a different form, available at:** http://www.personnel.fau.edu/testing/HRSform2.html

Please read and complete the following items, and **FAX the completed form to Enterprise Computing, 297-0406**, or send it via campus mailto CM 179.

Name: First/Middle		Last:	
E-Mail:		Campus Phone:		Campus Address:	
Position/Title:		Department:	

Name of employee who occupied this position immediately prior to you (write N/A if this is a new position):	
First:	Last:

ACCESS DESIRED:

(OA)SIS ACCESS:		OTHER ACCESS:
Area:	Contact person:	
☐ Admissions information	Donna Mitchell Sturges	☐ **NWRDC**
☐ Cashier/Controller's information	Dianne Parkerson	☐ **AS/400**
☐ Financial Aid information	Mark Judd	☐ **SASS information**
☐ Housing information	Don Gabriel	
☐ Student Records *(training required)*	Brian Warcup	
To register for training: http://www.fau.edu/registrar/oasistrain.htm		
☐ International Students information	Ingrid Jones	

***For OASIS access, please choose one of the following options:**

EITHER: Indicate the duties of this position that will require the requested access:

OR: Indicate one of the following:

OASIS access should be the same as that of:	
Another departmental employee:	Name:
The employee who occupied this position immediately prior to you (indicated at top of form)	

As an employee of this office, you are entrusted to make modifications to specific types of data stored in the computer. In order to ensure against any unauthorized record modification being attributed to you or your department, the system administrator will assign you a unique USER-ID and PASSWORD. If you requested OASIS access, you will receive a unique OPERATOR ID. You will need both to sign on the system. Do not divulge either to other persons. You will be held responsible for system access made through your account. Your account and operator ID will be disabled upon termination of employment.

_____   _____   _____
Employee signature   Print Name   Date

_____   _____   _____
Supervisor signature   Print Name   Date

FOR SYSTEM ADMINISTRATOR USE ONLY						
USER ID:		OPER #:		DEPT code:	AREA code:	SEC CLASS Code:
OASIS	ADM: ☐	CON: ☐	SFA: ☐	HSG: ☐	REG: ☐	INTL: ☐
OTHER ACCESS:	SASS: ☐		NWRDC: ☐		AS/400: ☐	
Created by:				Date:		

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