The State University of New York
The College at New Paltz
Network Security System User Appointment Form

Complete and return to:
Rosemarie LaTourette Accounting Services HAB 304A / Fax 257-6910

User ID: (email user id) _____

Name (Last, First, MI): _____

Title: _____

Building/Room: _____

Phone: _____ **Department:** _____

Access Needed: Check all that apply

___**BI (Business Intelligence)**   ___**Procurement Card**

Accounts to view on BI: _____

Comments / Additional Access needed: _____

Statement: Employee will safeguard his/her password to prevent unauthorized use of the system.

_____   _____
Employee Signature   **Date**

_____
Supervisor Name (Printed please)

_____   _____
Supervisor Signature   **Date**

_____
Office Use Only

Job Function(s) _____ Account Group(s) _____

Role(s) _____ User Permissions _____

_____   _____
Security Administrator   Date