

Instructions: Please send the completed form to the Information Security Office (zip 0042) or cmssecadm@sjsu.edu. All required training must be completed prior to submitting the form.

REQUESTOR INFORMATION

Name: _____ SJSU ID (not SSN): _____
 Position/Job Function: Associate Dean (Faculty) Department: _____
 Email: _____ Phone: _____
 Building: _____ Room #: _____

ACCESS REQUESTED

Human Resources	Campus Solutions	Finance
	Academic Advising	
	Training: AA002 (Required)	
Additional Access Requested:		

Department ID(s) Requesting Access to: _____
 Organization Tree¹: (indicate level) _____

MANAGER APPROVAL (SUPERVISING MPP)

By signing this form, I approve this employee for access requested below, including access to confidential student and/or employee data.

MPP Name: _____ Employee /SJSU ID (not SSN): _____
 Title: _____ Department: _____
 Email: _____ Phone: _____
 Signature: _____ Date Signed: _____

SECURITY TEAM USE ONLY

Security Administrator: _____ E-mailed

System/Database: User ID: Date Created/Updated: Roles Granted:	System/Database: User ID: Date Created/Updated: Roles Granted:
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¹Organization Tree refers to access to all DeptIDs belonging to a Division, Dean's Office, Organization or College.