University of Alaska FsaATLAS Access Request Form (*required fields)

| New Account Change Account Terminate Account | |
|--|--------|
| *Server Environment (Separate form required for each Server Environment): | |
| PREP Production | |
| | |
| *Banner User ID (if applicable): | |
| *Default Password: | |
| *Last Name: | |
| *First Name: | |
| *fsaATLAS Department: | |
| SEVIS User Id for Students (F/M | |
| Visas), if applicable: | |
| SEVIS User Id for Scholars (J Visas), | |
| if applicable: | |
| *Are you an authorized signer for | |
| Form I-129? Circle One: Yes No | |
| If yes, complete the following: | |
| Title appearing on I-129: | |
| I-129 Address Line 1: | |
| I-129 Address Line 2: | |
| I-129 City: | |
| I-129 State: | |
| I-129 Zip: | |
| *Check the permissions needed: | |
| Create Form Letters | |
| Advisor Notes Access (Advisors and designated staff only) | |
| Can be assigned to Tasks and Appointments | |
| IT Permissions (SW IT staff only) | |
| *Student/Scholar Permissions: | |
| Write department name. Check the permissions needed. | |
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*Report Permissions:

Write department name. Check the permissions needed.

| Edit/Delete Reports | Run/View Reports | |
|------------------------|---------------------|--|
| 0 | 0 | |
| 0 | 0 | |
| 0 | 0 | |
| 0 | 0 | |
| 0 | 0 | |

Statement of User Responsibility

All University employees and authorized system users are responsible for the security and confidentiality of university data, records, and reports. Individuals who have access to confidential data are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, access to, confidential data is strictly prohibited and will subject the individual to disciplinary action.

I have READ and FULLY UNDERSTAND the above statement of User Responsibility and shall comply with such statement.

| User Signature: | | Date: | |
|--|----------|---------|--|
| Contact Information: | | | |
| E-mail: | Phone: _ | | |
| Supervisor's Signature: | | _ Date: | |
| Supervisor's Printed Name & Title: | | | |
| Contact Information: | | | |
| E-mail: | Phone: | | |
| PDSO/RO Signature:(Not needed for SW IT) | | Date: | |
| PDSO/RO's Printed Name & Title: Contact Information: | | | |
| E-mail: | Phone: | | |
| Office Use Only: Audit Signature: | | Date: | |
| SW Domain Created by: | | Date: | |
| FsaATLAS User Name Created by: | | Date: | |