

Access Request Form for KUMC Student Records Data Warehouse

Name: First: \_\_\_\_\_ Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment Status \_\_\_\_\_ Permanent \_\_\_\_\_ Seasonal \_\_\_\_\_ Student Worker

Student worker's supervisor's name: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Address line 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Job Title (please list your working job title): \_\_\_\_\_

Please list the job duties which require system access.

User Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I approve system access for this employee.

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

KUMC Registrar signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*For Internal Use Only\*\*\*\*\*

Add User \_\_\_ Change User \_\_\_ Delete User \_\_\_

Access Granted: