OIT Data Security
1300 South 2nd St, Ste. 660 (WBOB)
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OIT Helpline: 612-301-HELP
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Access Request Form (ARF)

Release 04/17/2008

Office of Information Technology

REQUESTER DEMOGRAPHIC INFORMATION

Name (Last, First, M.I.):	
Department Description:	*Cluster/Orgin ID:*
Campus Mail Address:	*DeptID (5 digit code):*
Bus. Phone (w/Area Code):	*Mail Code:*
Requester's Student ID or EMPLID:	*Internet ID (X.500):*
University of Minnesota Employment Status (check only 1) ☐ Staff ☐ Faculty ☐ Student Worker ☐ Contractor ☐ Temporary Staff (Adecco)	
Previous Department (if applicable)	*Date of transfer (if applicable)*

STATEMENT OF REQUESTER'S BUSINESS NEED

Access to data and systems is granted based on job needs. Please summarize the types of data or information you need and the types of work you will be doing with the data (view, enter, verify or approve etc.) Example "I will be entering payroll data for my department and I need to view student and staff records in PeopleSoft."
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By signing this form, you certify that:

- The systems/data being requested is to fulfill assigned job duties.
- You understand and agree to comply with all University Policies, including 2.5.2, Internal Access to University Information, and 2.8.1, Acceptable Use of Information Technology Resources.
- You understand that the access requested may contain private data which must be stored and accessed according to the Securing Private Data Standard.

REQUESTER'S SIGNATURE:	*DATE:*	
REQUESTER'S SUPERVISOR OR DEPT HEAD PRINTED NAME:	*REQUESTER'S SUPERVISOR OR DEPT HEAD SIGNATURE:*	
SUPV/DEPT HEAD EMAIL ADDRESS:	*SUPV/DEPT HEAD PHONE:*	*DATE:*