

Networking & Communications Data Access Authorization

Name:	Last, First, MI		
Telephone:		Cell/Pager:	Fax:
Department:		Address (Box):	
Email Address:			
Position/Title:			
NetID		EMPLID:	

*Indicate the Division code(s), Department code(s) OR Account numbers for which access is being requested.
If you ALREADY have permission to access FRS ledger information, you are AUTOMATICALLY provided access to
Networking & Communications data for the same ledger(s).*

FRS Division Code(s):	FRS Department Code(s):	Account Number(s) (if more numbers are requested, please use an additional form)		

**To terminate access, send an email to UnivITHelp@rochester.edu.
Please include the name of the individual and their appropriate supervisor.**

Data Access Guidelines

Read carefully and sign where indicated

The access or use of any Networking & Communications data for one's own personal gain or profit, for the personal gain or profit of others, or to satisfy one's own personal curiosity or that of others is EXPRESSLY FORBIDDEN. Also forbidden is the disclosure or distribution of Networking & Communications data in any medium, except as required by this employee's job responsibilities. Violations of these guidelines will be dealt with seriously, up to and possibly including employment termination.

I have read and understand the above stated policy and agree to abide by these terms.

Employee's signature: _____ Date: _____ Extension: _____

Dept. Authorization* (printed): _____

*Program Administrator, Department Director, Dean, Department Chair or Head.

Dept. Authorization (signature): _____ Date: _____ Extension: _____

ITS/NCS Receipt signature: _____ Date: _____ Assigned Tracking # _____

For assistance:

Email: UnivITHelp@rochester.edu

Phone: x52000

6/2/2009

<http://www.rochester.edu/its/ncs/services/NCSDataAccess.pdf>

Office Use Only	
Authorization Signature Verified By:	Date Verified:
Security Implemented By:	Date Implemented:

Return this form:

Intramural mail: PO Box 278937

Fax: 275-0452