



Data System Staff Access Request Form

(Please submit completed form to ITS at Duffie Hall 219 or forward to its@stu.ca)

User Information

Name of User: _____

Unit: _____ Position: _____

Email: _____ Phone: _____

Access Request Type	Employee Type	Data System (Select all that apply)
<input type="checkbox"/> New User	<input type="checkbox"/> Permanent	<input type="checkbox"/> Ellucian Colleague
<input type="checkbox"/> Change of Position or Unit	<input type="checkbox"/> Casual/ Temporary	<input type="checkbox"/> Entrinsik Informer
<input type="checkbox"/> Add Processes	<input type="checkbox"/> Sessional	
<input type="checkbox"/> Remove Processes	<input type="checkbox"/> Student Employee	
<input type="checkbox"/> Terminate Access		

Details of Access

Provide Security access the same as the following position: _____

Provide access to the screens/processes listed below

Remove access to the screens/processes listed below

Other (please specify): _____

Access Start Date (YR/MO/DY):	_____	Access End Date (if known):	_____
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Ellucian Colleague Screens or Processes (if known)

Update Access (Change Data)	Inquiry Access (View Data Only)

Training Requirements

Has the user received training for any new screens or processes? Yes No

If "No," please indicate when the user will be trained (YR/MO/DY): _____

Previous access is normally terminated immediately when new access is assigned. Is a transition period required for training purposes? Yes No

If "Yes," please indicate when previous access should end (YR/MO/DY): _____

Approval

Name of Supervisor:	Signature:	Date: