

HOBSONS CONNECT
HOBSONS Security Access Form

New Account Delete Account Change in Access Add Access Remove Access

To be completed by Applicant:

Last Name:	First Name:	NSU ID:
Job Title:	Dept:	
Extension:	e-mail Address	

To be completed by Supervisor:

Please Select Access Type:

Administrator I	<input type="checkbox"/>	HELP Desk	<input type="checkbox"/>
Administrator II	<input type="checkbox"/>	No Access	<input type="checkbox"/>
Administrator III	<input type="checkbox"/>	Security	<input type="checkbox"/>
Counselor	<input type="checkbox"/>	UGA Operations	<input type="checkbox"/>
Front Line	<input type="checkbox"/>		

Applicant's Signature	Date :
Supervisor's Signature	Date :
Account Coordinator Signature	Date :
Hobsons Security Administrator :	Date :
OIT Security Administrator	Date :

Instructions for Form Completion

GENERAL

This form must be used to request a new user account (New Account), change an existing user's access (Change in Access), or termination of account (Remove Account) to the NSU Imaging System. Please date the request. Once completed, requests for access shall be submitted to the Office of Information Technologies (OIT) for approval.

SIGNATURES

Account Coordinator: By signing the front of this form, you acknowledge that the appropriate authorization from the center has been given to create or modify the defined account based on the requisitioned access.

Applicant: By signing the front of this form, you agree to abide by university-set standards covering computer usage, record confidentiality, and/or other policies related to computers and information. You are responsible for the security of the data to which you have access. This includes your adherence to university and departmental policies regarding access to data, keeping data; diskettes, and printouts in secure locations; periodically changing passwords; and ensuring your workstation is not accessible to others who do not have legitimate access to it when you are not physically present. Consult the NSU Policy on Acceptable Use of Computing Resources available online at <http://www.nova.edu/common-lib/policies> for a more complete resource on university policies. Failure to follow such policies and procedures may result in administrative actions.

Supervisor: By signing the front of this form, you acknowledge that the applicant will have access to certain information that may be proprietary or confidential, based on the access requisitioned. You will be responsible for monitoring your staff's use of confidential data to help ensure they are conforming to university policy. Consult the NSU Policy on Acceptable Use of Computing Resources available online at <http://www.nova.edu/common-lib/policies> for a more complete resource on university policies. If the applicant deviates from such proper use, you will inform OIT so that corrective action is taken. At the termination of duties requiring such access, you will inform OIT so that the applicant's account can be removed from the system.

Data to which you have access in the conduct of legitimate university business may not be used for any other purposes, nor may you pass it on to any other person, in any form, for any purpose other than legitimate university business.

By signing here you agree to the terms and conditions listed above.

X _____
Employee's Signature

Date