CASH RECEIPTS DATA ENTRY "SECURITY" FORM

For Internal Use Only:

User Creation ____________________ User Termination ____________________
Effective Date ________________ Effective Date ____________________

User Transfer ____________________ User Revision ____________________
Effective Date ________________ Effective Date ____________________

USER NAME (Last Name, First Name) ________________________________

Department: ______________________________________________________

Contact Person: _______________ Phone: ______ Bldg/Room ____________

Organization(s): Range from __________ to __________

Individual Organization(s) Numbers: __________ __________ __________

__________________________________________

Signature of Department Head Date

Print Name of Department Head Signature of Bursar Date

INSTRUCTIONS:

1. Complete user name, department, contact person, campus phone and building/room.

2. Identify the Organization range and/or the individual Organization numbers not within the range that security is being requested.

3. Obtain the appropriate departmental approval and date.

4. Send completed form to the Bursar's Office, SCB 118, for approval and processing.

**IT/Bursar Use Only**

Operator Class ____________________ Date __________

Security/Signon Credited: ____________________ Date: __________ User ID: __________