

## 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**

\_\_\_\_\_  
**Signature of Bursar**

\_\_\_\_\_  
**Date Received**

**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 _____