

The University of Oklahoma Health Sciences Center  
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: \_\_\_\_\_

Financial Organization numbers this user requires access to ranges from \_\_\_\_\_ to \_\_\_\_\_

**AND/OR**

Individual Financial Organization number(s) this user requires access to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Department Head**

\_\_\_\_\_  
**Signature of Department Head**

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

\_\_\_\_\_  
**Bursar Authorization Signature**

\_\_\_\_\_  
**Bursar Authorization Date**

**INSTRUCTIONS:**

1. Complete User Name, Department, Contact Person, Phone, and Building/Room.
2. Identify the Financial Organization range and/or individual Financial Organization numbers not within the range that security is being requested.
3. Obtain the appropriate department approval signature and date.
4. Send the completed form to the Bursar's Office, SCB 114, for approval and processing.

**For IT/Bursar Use Only**

Operator Class: \_\_\_\_\_ Date: \_\_\_\_\_

Security/Sign on Credited: \_\_\_\_\_ Date: \_\_\_\_\_

UserID \_\_\_\_\_