



## OAKWOOD UNIVERSITY EX ACCOUNT REQUEST FORM

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Person being replaced: \_\_\_\_\_

Signature of Department Head: \_\_\_\_\_

### Confidentiality Statement:

- (1) THIS USER ACCOUNT WILL GRANT ME ACCESS TO INFORMATION THAT IS SENSITIVE AND/OR PROTECTED BY LAW. I UNDERSTAND THAT I HAVE BEEN PROVIDED ACCESS TO THIS INFORMATION FOR THE SOLE PURPOSE(S) OF PERFORMING MY DUTIES.
- (2) TO MAINTAIN THE INTEGRITY OF THE SYSTEM, I WILL NOT SHARE THIS ACCOUNT INFORMATION WITH ANYONE AND WILL COMMIT MY PASSWORD TO MEMORY.
- (3) IN THE EVENT THAT THE SECURITY OF MY USER ACCOUNT IS COMPROMISED, I WILL NOTIFY THE SYSTEM ADMINISTRATOR IMMEDIATELY. FAILURE TO PROTECT MY USER ACCOUNT COULD RESULT IN LIMITED OR TERMINATION OF ACCESS.

**My signature on this document certifies that I have read, understood, and agree to comply with the aforementioned policy.**

_____ Signature	_____ Date
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**For Official Use Only**

Account Approved: \_\_\_\_\_ Account Declined: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Account: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) Expiration Date: \_\_\_\_\_

Module:	ACT _____	ADM _____	BILL _____	DEV _____
	FAID _____	HR/PR _____	REC _____	SSV _____

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

USER NAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_