University of Alaska FsaATLAS Access Request Form (*required fields)

*Action (check one):					
	nange Account		ninate Account		
*Server Environment (Separate	-	d for each Serv	er Environme	nt):	
PREP Pro	oduction				
*Banner User ID (if applicable):					-
*Default Password:					-
*Last Name:					_
*First Name:					_
*fsaATLAS Department:					_
SEVIS User Id for Students (F	'/M				
Visas), if applicable:					_
SEVIS User Id for Scholars (J	Visas),				
if applicable:	_				-
*Are you an authorized signer	for				
Form I-129? Circle One:		Yes No			
If yes, complete the following:					
Title appearing on I-129	9:				_
I-129 Address Line 1:					_
I-129 Address Line 2:					-
I-129 City:					-
I-129 State:					-
I-129 Zip:					-
*Check the permissions needed	d:				
Create Form Letters					
Advisor Notes Access (A		-	only)		
Can be assigned to Tasks		nents			
IT Permissions (SW IT s	• /				
*Student/Scholar Permissions:					
Write department name. Check t	the permissions	s needed.			
	Upload and Download SEVIS Batches	Sign/Approve SEVIS Events	Create Forms	Read/Write	View
	0	0	0	O	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0

*Report Permissions:

Write department name. Check the permissions needed.

Edit/Delete Reports	Run/View Reports	
 0	0	
 0	0	
0	0	
0	0	
 0	0	

Statement of User Responsibility

All University employees and authorized system users are responsible for the security and confidentiality of university data, records, and reports. Individuals who have access to confidential data are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, access to, confidential data is strictly prohibited and will subject the individual to disciplinary action.

I have READ and FULLY UNDERSTAND the above statement of User Responsibility and shall comply with such statement.

User Signature:		Date:	
Contact Information:			
E-mail:	Phone: _		
Supervisor's Signature:		_ Date:	
Supervisor's Printed Name & Title:			
Contact Information:			
E-mail:	Phone:		
PDSO/RO Signature:(Not needed for SW IT)		Date:	
PDSO/RO's Printed Name & Title: Contact Information:			
E-mail:	Phone:		
Office Use Only: Audit Signature:		Date:	
SW Domain Created by:		Date:	
FsaATLAS User Name Created by:		Date:	