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

*Action (check one):
☐ New Account ☐ Change Account ☐ Terminate Account

*Server Environment (Separate form required for each Server Environment):
☐ PREP ☐ Production

*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:
_________________________________

I-129 Address Line 1:
_________________________________

I-129 Address Line 2:
_________________________________

I-129 City:
_________________________________

I-129 State:
_________________________________

I-129 Zip:
_________________________________

*Check the permissions needed:

☐ Create Form Letters

☐ Advisor Notes Access (Advisors and designated staff only)

☐ Can be assigned to Tasks and Appointments

☐ IT Permissions (SW IT staff only)

*Student/Scholar Permissions:

Write department name. Check the permissions needed.

<table>
<thead>
<tr>
<th>Upload and Download SEVIS Batches</th>
<th>Sign/Approve SEVIS Events</th>
<th>Create Forms</th>
<th>Read/Write</th>
<th>View</th>
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Revised 06/13/2005
**Report Permissions:**
Write department name. Check the permissions needed.

<table>
<thead>
<tr>
<th>Edit/Delete Reports</th>
<th>Run/View Reports</th>
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**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:** ________________________________  **Date:** ________________

(Not needed for SW IT)

**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:** ________________