

UNIVERSITY OF MIAMI INFORMATION TECHNOLOGY
PIDMS ACCESS FORM

INCOMPLETE APPLICATIONS WILL BE RETURNED.

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AUTHORIZED SYSTEM USER AGREEMENT

The use of this I.D. number or information obtained using this system by Persons Not authorized may result in violation of the Family Education Rights And Privacy Act (Buckley Amendment) and other confidentiality provisions of State and federal law and can lead to disciplinary sanctions which may include dismissal from the University. I have read, understand and agree to abide by the University of Miami Policies (F04x, F045, F046.)

SIGNATURE: _____ DATE: ____/____/____

=====

REQUESTOR: (Please check one.) ____ ADD ____ DELETE ____ UPDATE

FIRST NAME M/I LAST NAME

JOB TITLE: _____ SSN #: _____ - _____ - _____

CAMPUS BLDG: _____ ROOM #: _____ LOCATOR CODE: _____

REQUESTOR'S DEPT./OFFICE: _____ PHONE#: _____

COMPUTER CHARGE ACCOUNT NO: _____ TODAYS' DATE: ____/____/____

AUTHORIZED SIGNATURE OF ACCOUNT: _____

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REQUESTING ACCESS FOR:

(ONE FORM PER SYSTEM / APPLICATION REQUESTED)

PIDMS APPLICATION: _____
____ ROSCOE

PLEASE FOWARD THIS FORM TO THE APPROPRIATE DATA CUSTODIAN.

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DATA CUSTODIAN USE ONLY:

DATA CUSTODIAN APROVAL: _____

PROFILE: _____

COMMENT: _____ TODAYS' DATE: ____/____/____

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IT USE ONLY:

USER-ID: _____

REQUEST COMPLETED BY: _____ TODAYS' DATE: ____/____/____

COMMENT: _____