

SECURITY REQUEST FORM - GRANT ACCOUNTS

Name:				
		Ext:		
Department:			Position:	
Dean:				
Is FIS User ID temporary?	YES	NO	Expiration Date:	
2. Business Unit(s) Required:				
•	•		g component, please indicate the Business Units s to <u>all</u> object and sub-object accounts. Restriction	•
ACCESS REQUIRED TO THE F	OLLOWING	BUSINESS U	NITS:	
		_		
		_		
		_		
		_		
3. Authorization (Grantee):		*1	ust be signed*	
•	on the Busine		der to add/modify existing access to it.	
You must have Signing Authority		ess Unit(s) in o	der to add/modify existing access to it.	
You must have Signing Authority Authorization Signature:		ess Unit(s) in o	der to add/modify existing access to it. Date:	
You must have Signing Authority		ess Unit(s) in o	der to add/modify existing access to it.	
You must have Signing Authority Authorization Signature: Print Name: Submit Form To: Security Adr	ministrator b	ess Unit(s) in o	Date: Department: @uwindsor.ca (no faxes or hard copies please)	
You must have Signing Authority Authorization Signature: Print Name: Submit Form To: Security Adr	ministrator b	ess Unit(s) in o	Date: Department:	
You must have Signing Authority Authorization Signature: Print Name: Submit Form To: Security Adr	ministrator b e filling out t	ess Unit(s) in on y e-mail: <u>fabe</u> the form, plea	Date: Department: @uwindsor.ca (no faxes or hard copies please) se contact the System Administrator (ext. 2142)	
Authorization Signature: Print Name: Submit Form To: Security Adr If there are any questions while	ministrator be filling out t	ess Unit(s) in on	Date: Department: @uwindsor.ca (no faxes or hard copies please) se contact the System Administrator (ext. 2142) T) USE ONLY	
Authorization Signature: Print Name: Submit Form To: Security Adr If there are any questions while SECURITY ADMINISTRATOR Authorization Signature:	ministrator be filling out t	ess Unit(s) in on	Date: Department: @uwindsor.ca (no faxes or hard copies please) se contact the System Administrator (ext. 2142) T) USE ONLY	
Authorization Signature: Print Name: Submit Form To: Security Adr If there are any questions while SECURITY ADMINISTRATOR Authorization Signature:	ministrator be filling out t	ess Unit(s) in or	Date:	
Authorization Signature: Print Name: Submit Form To: Security Adr If there are any questions while SECURITY ADMINISTRATOR Authorization Signature: Comments:	ministrator be filling out t	ess Unit(s) in or	Date:	