

THE UNIVERSITY OF CONNECTICUT
UNIVERSITY TECHNOLOGY SERVICES
DATA SECURITY ADMINISTRATION

Dataset/Resource Access Request Form

I. Requesting Individual/Department information

Requestor/Dept Head: _____ Log No.: _____
Date: _____
Title: _____ Check ONE Only:
Department: _____ VM/CMS: _____
Address: _____ MVS: _____
Unit: _____ Phone Number: _____ CICS: _____
FOCUS: _____
Reason for Request: _____

Requestor's Signature _____

Logon ID	Name	Resource	Access Req'd	Term Date

Access Instructions: _____

II. Owner Authorizer Information

Owner's Name: _____ Phone Number: _____
Title: _____ Date: _____
Department: _____
Owner's Signature: _____
Special Instructions: _____

CICS System Administrator Approval: _____ Date: _____

III. For Computer Center Use Only

Approved: _____
Access Authorization _____ Date _____ UCC Security Officer _____ Date _____

To Owner: _____ To Authorizer: _____ To Originator: _____

