

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: \_\_\_\_\_

