

SECURITY ACCESS REQUEST

ACADEMIC YEAR 2011-2012

Employees must first complete new user registration in e-campus. Enrollment Services can grant security access **only** for student records, advising, student financials and financial aid functions.

Send Completed Form To:

University of Rhode Island
Enrollment Services Green Hall
6 Rhody Ram Way
Kingston, RI 02881 USA

Employee Name*:

Date:

Job Title*:

Email:

Phone: (401) 874-9500

Fax: (401) 874-2002

Website: www.uri.edu/es

Dept Name*:

Emplid*:

e-campus User ID*:

New User Access _____

Change User Access _____

Delete User Access _____

Model this user's access after (name): _____

Note: If access is modeled after another user, the following box can be left blank.

Describe required access:

NEW USER DECLARATION:

I understand that information contained on the e-campus system is CONFIDENTIAL and must only be used in relation to authorized University business.

Signature:

Date:

This access request requires authorization by your Dean, Department Head, Director or Business Manager.

Authorization: I request that the above person be given the indicated level of access to Peoplesoft Student Administration.

Authorized by:

Name (print):

Position:

Date:

Fax completed form to: 4-7587 Attention Abby Fang
For questions, contact Abby Fang at 4-2859 or hsiumei@mail.uri.edu

For Enrollment Services Use Only:

Approved by:

Date:

