Oracle Authorization Form
(Student Financials)

USER INFORMATION (Complete all information)

Name (please print) ___________________________________________ Phone Number

Department Name ___________________________ Department Number (UDDS)

USER RESPONSIBILITY STATEMENT
I have read the Policy governing access and use of UWM computer systems (www.uwm.edu/help/policy/policy.html) and I&MT’s Computer Policy and Guidelines (www.uwm.edu/IMT/ClientServices/Docs/csdGuideline.html). I fully understand and agree to abide by the principles and guidelines contained therein.

Requestor’s Signature ___________________________________________ Date

REQUEST APPROVAL (Forms will not be processed without proper signature.)

Dean/Director/Dept Head Signature ___________________________ Department Name ___________________________ Date

SYSTEM ACCESS ID and ROLE INFORMATION (Complete all information)

An Oracle ID is required for system access, and must be identical to your Alpha ID. If you don’t have an Alpha ID, contact I&MT Security Administration for assistance. If you have an Alpha ID, please list it below.

Alpha ID: ___________________________________________

Your initial Oracle password will be set to a system generated default of 8 characters. Authorization confirmation, including ID, password, authorized roles, and how to change your password, will be provided by the I&MT Security Administrator through email notification.

Check off or list all Security Groups (Roles) needed. For a list of available Oracle Roles and Data Custodians, see (www.uwm.edu/IMT/datadmin/WordDocs/ADMIN/oracleroles.htm). More than one authorization form may be used. See *NOTE

RDS_SF_BROWSER □ Other ___________________ Other ___________________

*NOTE - Additional forms may be needed if the number of roles requested exceeds the number available on this form.

1) Forms must be sent to the Data Custodian (Mary Wise, Business and Financial Services—Engelmann 226) for approval.

2) If a request is for roles owned by more than one Data Custodian, separate forms must be completed for each area under a Data Custodian’s control. Each form must be sent to the respective Data Custodian for approval. The Data Custodian will forward the request to I&MT Security Administration for processing.

DATA CUSTODIAN APPROVAL (Forms will not be processed without proper signature) See *NOTE above

Signature ___________________________________________ Department Name ___________________________ Date

Send completed forms to: I&MT Security Administration

Bolton Hall Room 229
Phone 229-4424 Fax 229-4087

Revised 04/03/02 (mar)