

## CONFIDENTIAL

### Work Study ITS Restricted Data Access Request Form

**PLEASE FILL OUT ALL AREAS THAT APPLY – SIGN & RETURN TO THE IT SERVICE DESK**

Direct Supervisor Name \_\_\_\_\_ Job Title \_\_\_\_\_ Phone \_\_\_\_\_

I hereby request and authorize the Work Study Student described below to have access to the specified restricted resources. I understand that work study access will be granted for one semester at a time. I will notify the ITS department if access is no longer needed during the semester.

Purpose of Access \_\_\_\_\_ Access Ends on \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Work Study Student Information:**

Full Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Student ID Number \_\_\_\_\_ Position: \_\_\_\_\_ Department: \_\_\_\_\_

I have read and signed the Protection of Sensitive Data form.

\_\_\_\_\_  
 Work Study Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Network Access**

**Add                  Remove                  N/A**

Please indicate which additional shared network drives that the employee will be authorized to have access to OR needs removed from:

Drive Letter: \_\_\_\_\_ Description: \_\_\_\_\_

**Encore Administrative Systems Access                  N/A**

**Add**

Access programs and rights to be the same as (Job Position): \_\_\_\_\_

or

Will need access to following mnemonics (programs/functions): \_\_\_\_\_

**Remove** from mnemonics (programs/functions programs): \_\_\_\_\_

\_\_\_\_\_  
 Director of ITS Approval \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Data Access Issued By \_\_\_\_\_ Date \_\_\_\_\_ Access set to disable on \_\_\_\_\_ Date \_\_\_\_\_