

Kansas State University  
**Financial Information System Access**

Department Name _____	New _____	iTAC Security Action Taken _____ Initials _____ Date _____
Employee Name _____ (Print Full Name)	Change _____	
Employee ID _____	Additional _____	
K-State eID (electronic ID) _____	Access _____	
Work Phone _____	Delete _____	
Position Title _____	Faculty _____ Staff _____ Student _____ (Check one)	

**eID and Password:** Your eID and password are your keys to access various electronic systems on campus. Your password is to be known only to you. Please read the following, sign and date the form, and return it to your supervisor.

I understand that security dictates that I do not allow anyone to know or use my password and should I discover that my password is known (whether used or not), I will immediately change my password. Furthermore, I understand that should I allow another person to use my eID and password, all access to these systems granted as a registered user will be immediately terminated.

**IT Policies:** I have read the Information Technology Policies located at <http://www.ksu.edu/vpast/itpolicies> and agree to abide by these policies.

**Sensitive Information Control:** I understand that I will be granted access to financial information that is of a sensitive nature. Access to this information is for official university use only. I agree that financial information containing personally identifiable data such as SSN will be safeguarded by me as sensitive information and, upon completion of the need, will be destroyed in such a manner that these data are not usable to any other person or system. All requests for information from parties outside the University are to be handled in accordance with University Policies and Procedures Manual, PPM 3060 "Kansas Open Records Act." Failure to safeguard this information will result in my removal from further access and could result in further administrative and legal actions as allowed by law.

\_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 (Date)

**User Responsibilities – Access Type (multiple roles may be selected)**

<b>Departmental User Responsibilities</b>			
Non-Grant Inquiry	Grant Inquiry		
<b>Central User Responsibilities</b>			

Supervisor Name \_\_\_\_\_  
 (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Dept Head Name \_\_\_\_\_  
 (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Controller's Approval By: \_\_\_\_\_  
 (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Send completed form to: Controller's Office, Attn: Systems Branch, 102 Anderson Hall, Kansas State University. If you have any questions regarding completion of this form please contact the Information Technology Assistance Center (iTAC) Help Desk at 532-7722 or the Controller's Office, Systems Branch at 532-1861/2048.

FIS Appl 1 (14 Mar 05)
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