



# FREDONIA

STATE UNIVERSITY OF NEW YORK

## NETWORK SECURITY SYSTEM

### NEW USER FORM/CHANGE FORM

#### EMPLOYEE SECTION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Title \_\_\_\_\_ Department \_\_\_\_\_  
Building/Room \_\_\_\_\_ Phone \_\_\_\_\_  
AD Username \_\_\_\_\_

*I will safeguard my username and password to prevent unauthorized use of the SUNY Network Security System. Under no circumstances will I share my password.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#### SUPERVISOR SECTION

Required employee access (check all that apply):

☐ BI (Business Intelligence) ☐ FMS (P-Card Default Account # \_\_\_\_\_)

☐ Other(s), please list: \_\_\_\_\_

Please list all account numbers needed for BI or FMS access below. Attach an additional sheet, if needed:

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*As the employee's supervisor, I will inform the network security administrator of user termination or a change in assignment that will require modification to employee access to the SUNY Network Security System.*

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

#### SECURITY ADMINISTRATOR SECTION

Network Security Administrator Signature \_\_\_\_\_ Date Completed \_\_\_\_\_