



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)

Other(s), please list: _____

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

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 _____