**UW-Colleges PRISM System Access Form**

**Section I** (to be completed by system user)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First, Middle, Last) Social Security Number PRISM ID number Campus Campus Phone

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@uwc.edu](mailto:____________________@uwc.edu) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UW email Working Title UW office

Type of employee: Instructor \_\_\_ Advisor \_\_\_ Student \_\_\_ LTE \_\_\_ Permanent \_\_\_

I have read the UW Colleges PRISM System Security Policy Statement that accompanies this authorization application, and which is incorporated by reference into this authorization. I understand my responsibilities and obligations regarding data security and confidentiality. I am aware that failure to comply with security and confidentiality procedures or deliberate abuse of computer facilities can result in loss of access privileges and disciplinary action, including termination of employment, criminal prosecution, and civil suit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Section II** (to be completed by campus supervisor)

User’s Functional Area (circle all that apply):

**SS** – Student services **BU** – Business Office **LI** – Library **AD** – Admissions **TR** – Trio **FA** – Fin Aid

**AC** – Academic/Instructional **PI** – Public Info **RO** – Registrar **DS** – Data Services

If the employee has duties/tasks similar to those of a current employee, please identify the current employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the employee is replacing another employee, please identify the former employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admissions: Financial Aid: Student Financials: Student Records: Other:

Central \_\_\_ Super \_\_\_ Central All \_\_\_\_ Central \_\_\_ Net Admins \_\_\_\_

High \_\_\_ Director \_\_\_ Central Staff \_\_\_ High \_\_\_ DE Online \_\_\_\_

Staff \_\_\_ Coordinator \_\_\_ Central Student \_\_\_ Medium \_\_\_ HelpDesk \_\_\_\_

Student \_\_\_ General \_\_\_ Campus Staff \_\_\_ View Only \_\_\_ Developer \_\_\_\_

View Only \_\_\_ Campus \_\_\_ Campus Student \_\_\_ Curriculum \_\_\_ Instr./Advis. \_\_\_

Bursar \_\_\_ Library \_\_\_

Proc \_\_\_ View Only \_\_\_

Advisor \_\_\_

Miscellaneous:

3C Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inquire \_\_\_ Update \_\_\_

Service Indicators \_\_\_\_ (see pages 2 & 3)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Supervisor Signature Date Telephone Number

Campus Supervisor: Send the original authorization for to the appropriate central office area manager (registrar, financial aid director, admissions team lead, business manager, or PRISM security administrator). Keep a copy of the form for your files. The user will be notified when the authorization process has been completed, and the user can access the system.

Section III (to be completed by Central staff)

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Admissions Office Signature Date Financial Aid Office Signature Date

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Student Financials Office Signature Date Student Records Office Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Financials Primary Permission List PRISM Security Administrator Date