

YSM Imaging System Security Request Form

All information must be filled out on this form in order for ITS - Production Systems Management to process your request. Managers, please complete this form and fax it to the corresponding Application Owner. The Application Owner must sign and fax the form to 436-8438.

I. User Information:

NEW USER ACCESS CHANGES CHANGE PASSWORD DELETE USER

User's Name (please print): _____

Department: _____

User's Net ID: _____

Location/Building: _____

User's Phone: _____

Your Manager's Approval: _____

Date of Request : ____/____/____

II. Access/Functionality:

(Select from each of A., B., and C.)

A.) Available Applications:

FO Account Management Owner: Ken Hoyt Fax: 5-5397
 FO Accounts Payable
 FO Named Authorizers
 FO Treasury
 List Org#'s in which you need access: _____

IDX EOB Document System Owner: Gayle Canales
 OPNotes Fax: 5-6766
 APS EOB Document System
 AS400 Data

YM_SA - Student Affairs Owner: Terri Tolson Fax: 7-5495
 YM_FA - Financial Aid Owner: Pam Nyiri Fax:
 YM1 - Admissions Owner: Rich Silverman Fax: 5-3234

DermPath Owner: Patty Tinker

Fax: 5-6869

IACUC Owner: Carol Murgo Fax: 5-5033

Dermatology Owner: Dr. Leffell
Fax:

Cancer Center Owner: Tesheia Johnson Fax:

OBGYN01 - Faculty / Personnel Owner: Jean Page
 OBGYN02 - Patient Charts Fax:

B.) Tasks:

Search/View Documents
 Print Documents
 Fax/Email Documents

View Annotations
 Edit Annotations

C.) Administrator Only Functions:

Scan to Batch Update/Change/Delete Index Values
 Index Documents

III. Application Owner Approval: (Must be signed by the Application Owner listed above or someone authorized by the Application Owner.)

Application Owner Name: _____

Department: _____

Application Owner Signature: _____

Title: _____

Changes/Comments:

ITS - Production Systems Management Section:

Date of completion: ____/____/____

Security Officer Name (print): _____

Notes: