North Carolina Agricultural & Technical State University

WebFOCUS User Account Request Form

Directions: Complete the form and submit a completed form to each Data Owner that you select.

Select	Data Type	Data Owner	Location
☐	Advancement	Development Office	Dowdy Bldg. Suite 400
☐	UG Admissions	Enrollment Management	Dowdy Bldg. Room 319
☐	GR Admissions	Graduate School	Gibbs Hall, Room 120
☐	Student	Registrar's Office	Dowdy Bldg. Room 107
☐	Financial Aid	Financial Aid Office	Dowdy Bldg. Suite 100
☐	Student Accounts Receivable	Treasurer's Office	Dowdy Bldg. Suite 112
☐	Institutional Research	IR	1020 East Wendover Avenue, Suite 208
☐	Personnel/Payroll	HR	1020 East Wendover Avenue, Suite 101
☐	Financial/Budget	Business & Finance – Systems Development	Dowdy Bldg. Room 227

Requester's Name: _____ (*First*) _____ (*Middle*) _____ (*Last*)

Department: _____ Building: _____

Rm/Floor/Cubicle: _____ Phone Number: _____ Extension: _____

NC A&T SU Email Address: _____ Banner ID: _____

Status (check one): ☐ Employee ☐ Employee – TEMP ☐ Student – TEMP

If temporary, specify the begin date and end date. Begin Date: _____ End Date: _____

Confidentiality Security Agreement

I understand that access is being requested to a service(s). If approved, I will treat all information as sensitive and/or confidential unless informed otherwise. I will not share accounts and passwords provided to me with anyone. I will ensure that information is properly secured in electronic, written, and/or printed format and will only disclose the information when authorized. I will not perform an illegal or unauthorized activity(s) that would cause harm directly or indirectly to the University network, data, and/or information technology. I will abide by federal and state regulations, industry standards, and University policies and standards (http://www.ncat.edu/divisions/its/policy/index.html). When my University relationship ends, I will not access University services nor keep or disclose University information in any format.

Requester's Signature: _____ Date: _____

Supervisor's Name (*print*): _____ Email Address: _____

Supervisor's Signature: _____ Date: _____

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