State Center Community College District
Electronic User Authorization Form:
Datatel Account Access

Step I: Filled Out By Requestor

Purpose of request (select one): New Account   **Datatel User ID (for change/delete requests):**

Last name: **First name:**   **Middle initial:**   **Employee ID:**
Campus/Site: **Dept/Div:**   **Telephone ext:**
Check one: Management
Access required (describe in words, or "same as…"):

"By initialing this User Authorization Form and requesting a user account on the State Center Community College District's computer systems & networks, I (the user) agree that:

- I will abide by the District's Administrative Regulation for Computer, Network, and Internet Use (the regulation can be found at: http://www.scccd.com/is/district_use.html).
- I must be an employee of the State Center Community College District to use this account.
- I will respect the confidentiality and privacy of individuals whose records I access, observe any ethical restrictions that apply to data I access, and abide by applicable state and federal laws and regulations with respect to accessing, using, or disclosing information. If I have access to legally restricted or limited-access data, I formally acknowledge my understanding of the level of access provided and my responsibility to maintain the confidentiality of data. I am responsible for the consequences of any misuse on my part."

User's Initials: **User's E-mail Address:**   **Date:**

Step II: Approved by Dean or Higher

Requires Approval From Dean Or Higher (From User's Department/Campus)
"The user will be scheduled for training on appropriate uses of Internet access. Further, the user has been notified that misuse or abuse of any SCCCD computing resources, or resources available via the Internet, may result in termination of access privileges to District Computing Resources."

Approved By (First and Last Name):
Job title: **Date:**

Step III: Approver E-mails Request Form to IS Dept

Approver **personally e-mails this form to: "District Helpdesk" (helpdesk@scccd.edu)**
Receipt of this request from the approver's e-mail account replaces the requirement for a hardcopy signature
Please allow 2 -3 weeks for processing

Step IV: will be completed by the Datatel System Administrator

❑ Datatel Account Manager: _____ Date: _____

❑ Datatel Account Name: _____ AD Account Name: _____

❑ Division/User Notification: _____ Other: _____

❑ Unix: _____   Colleague: _____   Staff: _____   CRS: _____   RGUS: _____   RSGL: _____

❑ Security Group: _____