

# YSM Imaging System Security Request Form

All information must be filled out on this form in order for ITS 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 785-3481.

## 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:

<input type="checkbox"/> FO Account Management	Owner: Ken Hoyt	Fax: 5-5397	<input type="checkbox"/> IDX EOB Document System	Owner: Gayle Canales
<input type="checkbox"/> FO Accounts Payable			<input type="checkbox"/> OPNotes	Fax: 5-6766
<input type="checkbox"/> FO Named Authorizers			<input type="checkbox"/> APS EOB Document System	
<input type="checkbox"/> FO Treasury			<input type="checkbox"/> AS400 Data	
<input type="checkbox"/> List Org#'s in which you need access: _____				

<input type="checkbox"/> YM_SA - Student Affairs	Owner: Terri Tolson	Fax: 7-5495	<input type="checkbox"/> DermPath	Owner: Patty Tinker
<input type="checkbox"/> YM_FA - Financial Aid	Owner: Pam Nyiri	Fax:		
<input type="checkbox"/> YM1 - Admissions	Owner: Rich Silverman	Fax: 5-3234		Fax: 5-6869

<input type="checkbox"/> IACUC	Owner: Kim Mickey	Fax: 5-5033	<input type="checkbox"/> Dermatology	Owner: Dr. Leffell
				Fax:

<input type="checkbox"/> Cancer Center	Owner: Tesheia Johnson	Fax:	<input type="checkbox"/> OBGYN01 - Faculty / Personnel	Owner: Jean Page
			<input type="checkbox"/> OBGYN02 - Patient Charts	Fax:

### B.) Tasks:

<input type="checkbox"/> Search/View Documents	<input type="checkbox"/> View Annotations
<input type="checkbox"/> Print Documents	<input type="checkbox"/> Edit Annotations
<input type="checkbox"/> Fax/Email Documents	

### C.) Administrator Only Functions:

<input type="checkbox"/> Scan to Batch	<input type="checkbox"/> Update/Change/Delete Index Values
<input type="checkbox"/> 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: