



# WIAN ACCESS SECURITY AUTHORIZATION FORM

Please return the completed form to SSB 165, fax 801-585-3898, or email [lisa.zaelit@admin.utah.edu](mailto:lisa.zaelit@admin.utah.edu) or [stuart.schrager@income.utah.edu](mailto:stuart.schrager@income.utah.edu).

_____	_____	_____
<i>Person Requesting Access (Print)</i>	<i>EMPLID</i>	<i>Date</i>
_____	_____	
<i>Department</i>	<i>ORG ID</i>	

Is this access intended to replace access previously granted to another employee who has left the University or changed responsibilities?  YES  NO  
If YES, who? Name: \_\_\_\_\_ UNID \_\_\_\_\_

Do you need Multi-Factor Authentication access?  YES  NO  
If YES, please list your cell phone number: \_\_\_\_\_

Please state your reason for accessing the WIAN environment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you have administrative rights within the WIAN active directory, or a PCI environment or hardware?  
 YES  NO

If YES, a background check is required. Please list the date of the background check. \_\_\_\_\_  
If YES, Please state your reason for accessing the WIAN or PCI environment, and or hardware, with administrative rights:  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BE AWARE THAT IF YOU HAVE ANSWERED YES AND HAVE NOT HAD A BACKGROUND CHECK PREVIOUSLY DONE, YOU WILL BE DENIED ACCESS UNTIL A BACKGROUND CHECK HAS BEEN REQUESTED BY YOUR SUPERVISOR, AND CONFIRMED BY HUMAN RESOURCES.**

By signing this form, I acknowledge and confirm that I understand that under the PCI DSS standard 12, access to card holder data is limited to those employees needing access to perform the duties of their position, therefore minimizing the risk of attacks from internal sources.

_____	_____	_____
<i>Signature of Person Requesting Access Office</i>	<i>Phone #</i>	<i>Campus E-Mail</i>

_____	_____	_____
<i>Printed Name of Department Official Verifying Access Need</i>	<i>EMPLID</i>	<i>Date</i>

\_\_\_\_\_  
*Signature of Department Official*

**For Office Use:**

Security Access Granted: \_\_\_\_\_ Security Access Denied: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_