



WIAN ACCESS SECURITY AUTHORIZATION FORM

Please return the completed form to SSB 165, fax 801-585-3898, or email steffany.forrest@income.utah.edu or 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.

Signature of Person Requesting Access Office *Phone #* *Campus E-Mail*

Printed Name of Department Official Verifying Access Need *EMPLID* *Date*

Signature of Department Official

For Office Use: _____

Security Access Granted: _____ Security Access Denied: _____

Signature: _____ Date: _____

Signature: _____ Date: _____