

ACCESS REQUEST

Pullman, WA 99164-1025

Employee Name	WSU ID Number	Mail Code
Network ID	Department Name	Merchant Name/Number
Employee E-Mail Address	Supervisor Contact/E-Mail Address	Supervisor Phone

Add Delete

<input type="checkbox"/>	<input type="checkbox"/>	Display/Download Credit Card Transactions eCommerce Admin System
<input type="checkbox"/>	<input type="checkbox"/>	Can Make Credit Card Charges eCommerce Admin System
<input type="checkbox"/>	<input type="checkbox"/>	Display/Download E-Checks
<input type="checkbox"/>	<input type="checkbox"/>	Can Make Credit Card Charges/Refunds (circle only one) to CyberSource Business Center
<input type="checkbox"/>	<input type="checkbox"/>	Display/Download Credit Card Transactions CyberSource Business Center

Appropriate Use Statement

I understand that I am responsible for respecting the confidentiality of information accessed via computer information systems.

I understand that this information is to be used for official University purposes only.

Misuse of system information can result in termination of employment or other disciplinary actions.

*The security of information is provided for by federal and state laws (see **BPPM 90.05, 90.06 and 90.07**).*

I understand that I am responsible for safeguarding my assigned password. I will not share my password with others. I will not store my password. I will contact "Information Technology Phones & Administrative Accounts" and Business Services Revenue departments, if I suspect that my password has been compromised.

*I understand that unauthorized access to and/or unauthorized use of the University's computer systems or electronic data may constitute criminal acts under **RCW 9A.48.070 - .100** and **RCW 9A.52.110 - .130***

I have read the above statement and agree to abide by it. (Employee's signature is not needed for access deletion)

Employee's Signature	Date
<input type="text"/>	<input type="text"/>

Area Finance Officer Signature	Typed/Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please send completed and approved form to Business Services mail code 1025 or fax 5-2071

Approval of Revenue Office

Approval Signature	Typed/Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>