

SOUTHERN UNIVERSITY  
FINANCIAL RECORDS SYSTEM



NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYEE ID:  
(LAST FOUR OF SS#) \_\_\_\_\_ CAMPUS PHONE: ( ) \_\_\_\_\_

USER DEPARTMENT: \_\_\_\_\_

DEPARTMENT HEAD/PROGRAM MANAGER: \_\_\_\_\_

ACCESS REQUESTED FOR: ( ) FINANCIAL RECORD SYSTEM (FRS)

( ) NEW USER ( ) CURRENT USER  
CURRENT USERS INDICATE ( ) OPERATOR CODE \_\_\_\_\_

LIST ALL ACCOUNT NUMBERS AND/OR SCREENS YOU ARE REQUESTING ACCESS FOR AND A BRIEF EXPLANATION OF ACCESS OR PURPOSE (FUNCTIONS YOU WILL BE PERFORMING); USE SEPARATE SHEET IF NEEDED.

CERTIFICATES:

*I understand that the data contained in the financial records systems is confidential. The access I am requesting is for use in performing my job duties and responsibilities. I agree that my access codes and passwords will not be shared, and I am responsible for any accesses logged against my accessor id code. In using my access codes and passwords, I will follow the policies and procedures of the university. I understand that misuse could result in revocation of my access without notice.*  
**This form must be completed when requesting access to E-print, FRS, and The One-Net. If you have any questions, you may contact Mrs. Celeste Wilkinson at (225) 771-0041.**

**If I terminate employment with the university or my department, I will promptly notify the security coordinator in the office of the associate for comptroller for Sponsored Program Accounting, Policy development and compliance operation, (225) 771-0041.**

USER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD \_\_\_\_\_  
SIGNATURE

FOR SECURITY ADMINISTRATOR USE ONLY			
OPERATOR #:	SCREENS:	DATE CREATED	CREATED BY:

FAX FORM TO COMPLIANCE OPERATIONS AT 225-771-0035  
ATTN: MRS. CELESTE WILKINSON