Additional Information (Please identify the functionality you require access to, if it is not listed above):

Remove System Access (Optional. Please identify functionality you no longer need):

Requestor Agreement
By signing this form, I certify that I have read and understand the statement of confidentiality of records. I understand that my User ID and password are to be kept confidential. Should I share this information, my ID will be revoked.

Requestor Signature:_____Date Signed:_____

Manager Approval (Level 4 Only)
By signing this form, I approve this employee for access requested on the following page, including access to confidenti student and/or employee data.

Level 4 Approval:_____Date Signed:_____

Print Manager Name:_____Manager Email:_____

EMS Security Team Use Only

Security Administrator:_____Date Signed:_____

System/Database:	User ID:
Date Created/Updated:	User Template Assignment: