

University of Missouri
 CRR 110.005 A.4.
 Access to Electronic Resources
 Authorization Form

Information about Account Holder

Name: _____	Title: _____
Department: _____	Account ID: _____
Supervisor's name: _____	(login ID such as smithj)

Requestor Information

Name: _____	Title: _____
Division/College: _____	Department: _____
Phone: _____	Other Phone: _____

Circumstances

Reason why access has not been obtained from Account Holder:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Left the University voluntarily | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Left the University involuntarily | <input type="checkbox"/> Other |

Describe why access is needed, and list any existing or potential human resource issues or other adverse circumstances (disciplinary action, suspected misconduct, involuntary termination, etc.) associated with this employee.

Are there active or pending grievance or litigation actions associated with this employee?

- Yes No Don't know

Please grant the individuals listed below access to the resource(s) indicated beginning on _____ and ending on _____. Access will be used only for the specific reason described above.

<input type="checkbox"/> Outlook Mailbox – Review Access Only	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> University Voice Mail – Please specify phone number:	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> University owned Personal Computer	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> OneDrive	Grant Access to Name: _____ Pawprint: _____
<input type="checkbox"/> Other File Storage Resources - Please work with Department IT Pro.	Grant Access to Name: _____ Account ID: _____
Specify Location(s):	
<input type="checkbox"/> Other – Specify other electronic data location(s):	Grant Access to Name: _____ Account ID: _____

REQUIRED AUTHORIZATION SIGNATURES
Complete appropriate section A, B or C

For Access to Student Accounts (including student employees):

A

Requestor _____ Print Name _____ Date _____

Completed forms must be submitted to the Information Security Officer.

For Access to Staff (non-faculty) Accounts (includes consultant, guest, volunteer):

B

Requestor Signature _____ Print Name _____ Date _____

*Division/Department Head or Dean Signature _____ Print Name _____ Date _____

***This signature must be at least TWO levels above the requested account holder.**

Completed forms must be submitted to the Information Security Officer.

For Access to Faculty Accounts:

C

Requestor Signature _____ Print Name _____ Date _____

Faculty Council Chair Signature _____ Print Name _____ Date _____

Dean Signature _____ Print Name _____ Date _____

Completed forms must be submitted to the Information Security Officer.

FOR INFORMATION SECURITY OFFICER USE ONLY

_____ Verification of Grievance Information _____ Lithold Status _____ Title IX Investigation

*Executive Approval signature _____ Print Name _____ Date _____

Chief Information Officer signature _____ Print Name _____ Date _____

* Dean of Students
Chief Executive Officer or Chief Human Resource Officer for UM Healthcare Staff
Vice President for Human Resources or President for UM System Staff
Chancellor or Vice Chancellor for Human Resource Services for Staff
Provost or Chancellor for Faculty