

## Department Security Administrator (DSA) Authorization Access Request System

*Important! Please Read Carefully!*

The individual(s) you authorize as department security administrator(s) will have very important responsibilities. Using the Access Request System, DSAs will initiate requests to grant or remove access to administrative computer applications for people in your department, college or division.

Many of these applications contain confidential or sensitive information about UF employees, students or University interests. It is critical that you delegate DSA authority only to key, knowledgeable employees in your unit.

You may choose not to delegate DSA authority. If you elect to serve as a DSA for your department, enter your name and UFID in the DSA section; ask your immediate supervisor to sign the authorization form.

Department Information	
Department, College or Division Name (Please Print or Type Name)	
<input type="text"/>	<input type="text"/>
Effective Date (MM-DD-CCYY)	PeopleSoft Department Id
Department Security Administrators (DSA) Information	
<input type="text"/>	<input type="text"/>
UFID	Name (Please Print or Type Name)
<input type="text"/>	<input type="text"/>
Effective Date (MM-DD-CCYY)	Email Address
<input type="text"/>	
Signature (Add only)	

**APPROVED BY:**

Signature

Date (MM-DD-CCYY)

Name (Please Print or Type Name)

VP
  Dean
  Director
  Chair

UFID

Email Address

Telephone #

For Security Team Use Only		
<input type="radio"/> Added To Vista Database <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Added To Grade Book <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Instruction Email Sent <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="radio"/> Training Completed <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Security Entered <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> User Notified <input type="text"/> / <input type="text"/> / <input type="text"/>

Please send the completed form to :

Security Team  
UF Bridges  
P.O. Box 113359