**APPENDIX A-1**

**SITE MANAGER ACCESS REQUEST**

**DO NOT COMPLETE THIS FORM FOR CARDHOLDERS -** Cardholders automatically have access to his/her own card(s).

Access to US Bank Access Online may be requested for those individuals who update or verify account numbers and sub-codes as part of their official duties. Please complete the information below, add appropriate signatures, and forward the form to your campus PCPA.

|  |  |
| --- | --- |
| Site Manager Name: |  |
| Phone Number: |  |
| Department: |  |
| Email Address: |  |

Please grant/delete (circle one) access to US Bank Access Online. My official duties require/no longer require (circle one) access to the following card(s):

All cards with default Account Number (s):

|  |
| --- |
|  |

OR

Card numbers associated with department code(s):

|  |
| --- |
|  |

UStatement of Understanding

I understand that, pending all approvals, I will be given access to information contained in campus administrative and/or academic computer systems solely for the purpose of fulfilling my official job duties. I agree to keep all information in a manner that is appropriate to its content and to keep any personally identifiable information confidential, kept out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or any other form.

I understand I am solely responsible for my use of this information, including its disclosure to others. I, therefore, agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and campus policy. Neither curiosity nor personal relationships provide a basis for any breach of confidentiality.

I understand providing information for unauthorized uses or otherwise violating campus confidentiality policies relating to the information may result in disciplinary action, including my dismissal and prosecution under applicable federal or state laws.

By signing the Site Manager Access Request form, I acknowledge I am the only authorized user of the assigned Access Online account(s), and that I will take steps to maintain the security, confidentiality, and integrity of any information accessed by me. These steps include protecting the confidentiality of my password to ensure others may not use it to access my account.

|  |
| --- |
|  |
| Site Manager Signature/Date |
| I approve the above request: |
|  |
| Department or Designee Name (Print or Type) |
|  |
| Department or Designee Signature/Date |

**Once completed, send this request to the campus PCPA.**