Kent State University Request for KSU Advising Access

Section 1 – User information, to be completed by requesting department security administrator

(A) Employee Information	
Employee Name	Campus Phone
Department	Position/Title
FlashLine User Name@kent.edu Ke	ent State ID Number
(B) Access requirements	
Request type (check one): Add User Remove User	Change Permissions Additional Access
Purpose	
(C) Unit Authorization	
Unit Security Admin Name	
Unit Security Admin Signature	Date
NOTE: A signed confidentiality agreement must accompa submitted one. Section 2 – Requested Access	iny this request unless the user has already
Send request to University Advising – Charity Miller (cmill241	@kent.edu) and Deanna Donaugh (ddonaugh@kent.edu)
Access Control – IT use only. System Admin – University Advising use only. Group Manager – access to group configuration, access to group configuration configuration configuration.	<u> </u>
System Admin Signature	Date
Section 3 – To be completed by Department of Information Te	<u>echnology</u>
Completed by	Date
Verify Confidentiality Agreement, 2. Grant Approved Act	ccess, 3. Notify dept security administer and 4. Notify

Instructions: Collect signatures and submit via TeamDynamix ticket for processing: https://kent.teamdynamix.com/TDClient/2005/Portal/Requests/ServiceDet?ID=51151

Data Steward