

**THE UNIVERSITY OF CONNECTICUT  
UNIVERSITY TECHNOLOGY SERVICES  
DATA SECURITY ADMINISTRATION**

**Dataset/Resource Access Request Form**

**I. Requesting Individual/Department information**

Log No.: \_\_\_\_\_

Requestor/Dept Head: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Check ONE Only:

Department: \_\_\_\_\_ VM/CMS: \_\_\_\_\_

Address: \_\_\_\_\_ MVS: \_\_\_\_\_

Unit: \_\_\_\_\_ Phone Number: \_\_\_\_\_ CICS: \_\_\_\_\_

FOCUS: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature

Logon ID	Name	Resource	Access Req'd	Term Date

Access Instructions: \_\_\_\_\_

**II. Owner Authorizer Information**

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

CICS System Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**III. For Computer Center Use Only**

Approved: \_\_\_\_\_

Access Authorization
Date
UCC Security Officer
Date

To Owner: \_\_\_\_\_ To Authorizer: \_\_\_\_\_ To Originator: \_\_\_\_\_

