

# Enterprise Systems and Services Access Management Office

Tel: (848) 445-7544

Fax: (732) 445-5493

## Rutgers Department Guest Admin Request Form

**APPLICANT INFORMATION:** Complete all information requested below and send it by fax.

NEW ACCESS       DELETE ACCESS       MODIFY ACCESS

Name \_\_\_\_\_ NetID \_\_\_\_\_ Date \_\_\_\_\_

Department **(As it appears in search.rutgers.edu for your sponsor's department)**

\_\_\_\_\_  
Please list if responsible for more than one department i.e. RWJ-Family Medicine-Research, RWJ-Family Medicine-Meb.

Phone \_\_\_\_\_

Campus Address \_\_\_\_\_

**ACCESS AGREEMENT:** If you have not previously accepted the **Agreement for Accessing University Information** for another administrative system, please go to <https://identityservices.rutgers.edu/agreement/>. **This agreement must be read and accepted prior to implementation of access.**

**AUTHORIZED SIGNATURES:** **Prior to approving this request, please ensure the staff member has accepted the on-line access agreement.**

All requests must be signed by the Requestor and his/her Department Dean, Director or Department Chair who is authorizing this request. **Unsigned applications cannot be processed and will be returned to the applicant for the proper signature(s).** Upon receipt of the Access request, EAS will request, on your behalf, authority to access specific application administrative data from the Data Custodian(s) responsible for the data.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Print) and signature of Dean, Director, or Department Chair

Comments: Add any comments

**DO NOT WRITE IN THE SPACE BELOW - FOR OFFICE USE ONLY**

Application Received by Name: \_\_\_\_\_, Date \_\_\_\_\_

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

Application Approved by Name (Print) and signature of Manager