Applicant Name: Applicant Title:

Applicant Department   Applicant E-mail Address

Applicant Phone   Applicant eRaider
                                         ID: Applicant R#:

Timeframe for admin rights:

Applicant Role: Primary Job Function   Rights Being Requested:

Windows Desktop

Windows Laptop

Mac Desktop

Mac Laptop

Windows Server

Linux Server

Multiple Computers

Multiple Servers

Application

Other

System Hostname(s) [If Applicable]:

Justification for Administrator access:

Applicant Acknowledgement:

Privileged accounts add a higher level of risk to daily computing, and therefore require more diligent safe computing practices. Administrator-level accounts may also be subject to elevated levels of security controls, such as increased web browsing restrictions, and advanced security suite policies. By checking the box below, I understand that administrator access granted to me at the request of the sponsor listed below is a privilege and is to be used only in connection with my assigned duties, and may be revoked without notice. I agree to safeguard and not reveal my password, nor will I allow anyone to use the requested administrative account. I also understand that I am responsible for all actions, changes, and activity made with this account. I am aware that any violation of TTUHSC Information Technology and Information Security policies may lead to the immediate suspension of my computer privileges and/or revocation of administrator access. With administrator privileges, I have the ability to install software at will; however, I understand that all software must be approved by the Information Security Office PRIOR to installation. All unapproved/unauthorized software is subject to removal without notice.

Agree

Applicant Signature:

Date:

Sponsor (Department Chair / Head / Director):
Only applicable for local/multiple system administrative rights

Sponsor/Supervisor Name: Sponsor/Supervisor Title:

Sponsor/Supervisor Department   Sponsor/Supervisor E-mail Address

Sponsor/Supervisor Phone: Sponsor/Supervisor Raider ID: Sponsor/Supervisor R#

Applicant Data Access:

The assigned duties of the applicant requires that he/she view, process, or otherwise have access to:

    Protected Health Information (PHI)
    Personally Identifiable Information (PII)
    Research Data and Information
    Student Information (FERPA)
    Cardholder Information (PCI)
    No Confidential Information
    Other Confidential Information

Department Chair / Head / Director Acknowledgement:

By checking the box below, I agree to sponsor the administrator user account for the applicant listed above. I understand that granting administrator access for the applicant is an exception to policy and IT standard operating procedures. In accordance with TTUHSC Information Security Policy, I acknowledge that I have the authority to request exceptions to policy and understand that I am accountable for all such exceptions. It is my responsibility to inform the Information Security Office when there is a change in the applicant's status, which includes but is not limited to: dismissal, separation, transfer, or administrative privileges are no longer required.

Agree

Sponsor/Supervisor Signature:

Date:

_____

Information Security Office

Administrative Rights Granted By: E-mail Address:

Signature:

Date: