

Norfolk State University
Colleague Access Request Form

Office of Information Technology - Application Services

(forward original form to MCAR Suite 401)

Employee Information

Employee Name: _____ Employee ID (Colleague #): _____

Department/Project Name: _____ Department/Project Code: _____

NSU E-mail Address: _____

Phone #: _____ Employee Position: _____

COLLEAGUE FINANCIALS

COLLEAGUE STUDENT SYSTEM

NEW~ MODIFY DELETE

NEW~ MODIFY DELETE

Data Entry for Purchasing ^*

Advisor (Non-Teaching)*

Health Center Staff*

Approval & Data Entry for Purchasing ^*

Academic Admin. Staff*

Police*

^Must also submit Colleague Financials Signature Authorization Form

Deans/Chairs*

Mail Room Staff*

Client Services Staff*

Supervisor Signature: _____ Date: _____

**The defined classes above have been pre-authorized for issuance by the designated data owners, upon supervisor approval.*

~ All new users are required to attend the appropriate Colleague training prior to receiving access to the system.

Other Colleague Access:**

NEW~

MODIFY

DELETE

Screen Name or Class: _____

Supervisor Signature: _____ Date: _____

Data Owner Signature**: _____ Date: _____

***Requires Data Owner Approval from: Procurement Director, Controller, AVP Enrollment Management, VP Student Affairs, HR Director or Director of Residential Life & Housing*

APPLICATION SERVICES USE ONLY

SYSADMIN SCD SOD SVM NAE CSHS DRUS AROR BURA WFBP

Classifications Name Used or Modified: _____

Roles Assigned: _____ Departmental Accounts: _____

Users Assigned to Role: _____

Processed by: _____ Date Completed: _____

User Notified Date: _____