

# University of Massachusetts Request for ISIS Access

## COVER FORM

Ref # \_\_\_\_\_  
Rec'd \_\_\_\_\_  
Comp \_\_\_\_\_

### INSTRUCTIONS

1. Print and complete Cover Form for every request.
2. Check to insure you have all appropriate signatures needed.
3. Make copies for your records.
4. Submit to the appropriate Data Custodian (see bottom).

#### Request Type

- NEW** (User does not currently have any access to the ISIS System)
- CHANGE CURRENT ACCESS**  
(User currently has some type of access, but operator classes or other setting needs to be changed, added or deleted)
- DELETE ALL ACCESS** (User no longer needs access to the ISIS System – submit Cover Sheet only)

#### User Info

Campus ID: \_\_\_\_\_ Request Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Permanent Staff/Faculty:  Email: \_\_\_\_\_  
Temporary Staff/Faculty:  Appointment End Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Authorization

Requested By (Dept Manager):  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By (Data Custodian):  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Access Requested

Describe the access needed:

#### Submit

**Recruiting & Admission:** Bruce Stacy, fax # 3086  
**Student Records:** Pat Duff, fax # 3030  
**Student Financials:** Diane McLaughlin, fax # 3057

**Financial Aid:** Joyce McLaughlin, fax # 3009  
**Contributor Relations:** Maria Panagakis, fax # 3040

Lead Trainer Signature: \_\_\_\_\_

Completed By (Security Administrator): \_\_\_\_\_