

CASHNet Access Request

Office of Bursar & Loan Administration

Please fill in and print out this form and mail to the Office of Bursar & Loan Administration, LU B36. Once access is granted you will be notified via email.

Requesting Department: _____

Employee Name: _____

Campus Address: _____ Phone: _____

Requestor needs access to the following (*training required):

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Customer Information | <input type="checkbox"/> *Transaction Reports | <input type="checkbox"/> *Deposits |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> *A/R Entry & Cashiering | |
| <input type="checkbox"/> *Other, explain: _____ | | |

Employee's Signature

Date

By signing above, the employee agrees to maintain the confidentiality of data to which they have access to through the CASHNet system. This includes protecting data from those who do not have authorization to see or access this information. The employee also has responsibility for securing data both while it is in use by authorized users and when it is stored or archived. The employee may not disclose confidential information to unauthorized person in any manner of communication, e.g. by file transfer, through written or oral communication, or other means of disclosure. **Employee must add a password protected screen saver** for security reasons. Logoff CASHNet when leaving the office or invoke the password protected screen saver after 15 minutes of inactivity.

Department Manager/Supervisor Signature

Date

By signing above, I agree to take responsibility for notifying the Office of Bursar & Loan Administration immediately when this employee is no longer employed in my area. I agree to have my employee add a password protected screen saver and use it when leaving their office.

Department Manager/Supervisor Name (Printed)

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For use by Office of Bursar & Loan Administration:

Operator ID: _____

Operator Name: _____

Group Code: _____

Allowed Source: _____

Secure CRT installed: _____

CASHNet System Administrator Signature:

Date: