



ACCESS AND SECURITY REPRESENTATIVE AUTHORIZATION CARD

Date: _____ Campus: _____ Admin. Area: _____

New Change (Name & User ID of former ASR) _____

Deletion (Name & User ID of former ASR) _____

Name of individual accepting ASR assignment (please type name and USER ID):

_____ User ID _____

Primary Alternate

Phone _____

APPROVAL SIGNATURE

Name of Budget Executive or Budget Administrator
authorizing the above action (please type):

I authorize the above-specified action for the
work unit.

Budget Executive or Budget Administrator

I accept the assignment of duties as Access
and Security Representative for my work unit.
I agree to comply with and enforce all
University policies and guidelines pertinent
to the use of University computerized data
assets.

Appointee signature