



ACCESS AND SECURITY REPRESENTATIVE AUTHORIZATION CARD

1 Date: _____ **2** Admin. Area: _____
Campus: _____

3 **4** New Change (Name & User ID of former ASR) _____

5 Deletion (Name & User ID of former ASR) _____

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

_____ User ID _____

Primary Alternate **8** **7** Phone _____

6 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

INSTRUCTIONS

- (1) Date upon which assignment of duties becomes effective.
- (2) Campus and administrative area for which authorization is being established, changed, or deleted.
- (3) Check here if a “New” authorization.
- (4) Check here if submission of this card is due to a change or replacement of ASR (for example, if an ASR terminates or takes another position outside the campus/administrative area over which he/she presides as ASR and is replaced). Type the name (and USER ID) of the former ASR on the line provided.
- (5) Check here if an ASR must be deleted. Type the name (and USER ID) of the ASR being deleted on the line provided.
- (6) The typed name and signature of the budget executive or budget administrator authorizing the assignment, change, or deletion, as applicable.
- (7) The typed name, USER ID, and phone number of individual accepting the ASR assignment, followed by the signature of the ASR appointee as it will appear on approved paper documents (as applicable to the action being taken).
- (8) Designate whether the added ASR should be listed as primary or alternate (choose one).
- (9) Send form to Amanda Prendergast at ais-security@psu.edu or 204H Wagner.