

CRM/OSS User Registration Form
Network and Systems Operation
Please return this form to Maher Hall, room #170
Telephone: 619-260-4726 / Fax: 4235

Section One: Registration Section – For all requests (please print)

Name: _____ Phone: _____ *Temp Emp?: YES or NO End Date:* _____
 (Ex: Workstudy, Casual Worker, Intern, etc.)

Dept: _____ Building/Room: _____ **E-mail Address:** _____

This information on this form is true and complete to the best of my knowledge. I have received a copy of the Usage Guidelines & Policies.

User Signature: _____ USD ID #: _____ Date: _____

Two Authorizing Signature are required for the following:

<u>Access</u>	<u>Immediate Supervisor</u>	<u>Authorizing Department</u>
OSS/CRM Admissions (Oracle Prod)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Dir CRM & Admissions Technology

List Responsibility (example: UA Admissions Manager):

OSS Undergrad/Grad (Registrar Oracle)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Director Admissions
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List Responsibility: (Example: Oracle Student System Super User)

Network, VPN, Calendar Manager, Other _____	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Supervisor of your Dept
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Section Two:

1. If you are replacing someone, name the person you are replacing/same as: _____
2. Do you have an existing account of any of the USD computer systems? Account name: _____
3. I will be using a PC/Terminal, located at _____ (include model, building & room number)

Remarks: Operations Use only

Username: _____