# Enterprise Systems and Services Access Management Office

# Tel: (848) 445-7544

# Fax: (732) 445-5493

Version: 1.0

# UI Access Request Form (Retiree Admin)

**APPLICANT INFORMATION:** Complete all information requested below and send it by fax.

**[ ]  NEW ACCESS [ ]  DELETE ACCESS [ ]  MODIFY ACCESS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NetID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCESS AGREEMENT:** If you have not previously accepted the **Agreement for Accessing University Information** for another administrative system, please go to <https://identityservices.rutgers.edu/agreement/>. **This agreement must be read and accepted prior to implementation of access**.

**AUTHORIZED SIGNATURES: Prior to approving this request, the Access Management Office will ensure the staff member has accepted the on-line access agreement.**

All requests must be signed by the Department Manager who is authorizing this request. Upon receipt of the Access request, the Access Management office verifies applicant and manager before implementing the request.

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**Name (Print) and signature of** Dean, Director, or Department Chair

### Comments: Add any comments

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**DO NOTE WRITE IN THE SPACE BELOW – FOR OFFICE USE ONLY**

**Application Received by Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** Date **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application Approved by Name (Print) and signature of Manager**