# Enterprise Systems and Services Access Management Office

# Tel: (848) 445-7544

# Fax: (732) 445-5493

Version: 1.0

# Data Resolution Form

**APPLICANT INFORMATION:** Complete all information requested below and send it by fax or email it to [eas\_systemaccess@email.rutgers.edu](mailto:eas_systemaccess@email.rutgers.edu).

**NEW ACCESS  DELETE ACCESS  MODIFY ACCESS**

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

Department (**As it appears in search.rutgers.edu for you sponsor’s department)**

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Please list if responsible for more than one department i.e. RWJ-Family Medicine-Research, RWJ-Family Medicine-Meb.

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

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

**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, please ensure the staff member has accepted the on-line access agreement.**

All requests must be signed by the Requestor and his/her Department Dean, Director or Department Chair who is authorizing this request. **Unsigned applications cannot be processed and will be returned to the applicant for the proper signature(s).** Upon receipt of the Access request, EAS will request, on your behalf, authority to access specific application administrative data from the Data Custodian(s) responsible for the data.

**Applicant Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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**