

University of Miami
Report Distribution Additional Access Form
INCOMPLETE FORMS WILL BE RETURNED

REQUESTOR:

FIRST NAME _____ MI _____ LAST NAME _____

REQUESTOR'S SIGNATURE _____ USER ID _____ DATE ____/____/____

JOB TITLE _____ UMID _____

DEPARTMENT _____ EMAIL _____ LOCATOR CODE _____

PHONE: _____ FAX: _____ ACCOUNT: _____

AUTHORIZED SIGNATURE OF ACCOUNT _____ PRINT NAME _____

For access to additional RDS report(s), complete the following: (Go to www.rds.miami.edu and click 'Reports on RDS' link)

EOS Form Number: _____, _____, _____

or

Report or Job Number: _____, _____, _____

If you are requesting multiple reports, indicate the total number of reports _____ and attach a typed list with this form.

PLEASE FORWARD THIS FORM TO THE APPROPRIATE DATA CUSTODIAN:

AP-Accounts Payable, AR Accounts Receivable, AD Alumni/ Development, BG Budget System, CP-Career Planning & Placement, UC – Course & Curriculum, AC Degree Audit, DE Direct Expenditures, EB – Employee Benefits, EM – Enrollment Management, FD – Facilities, FA – Financial Aid, FR – General Ledger, HM – Housing, HR – Human Resources, PK – Parking, PD – Postage & Duplicating, PC – Property Control, PR – Purchasing, SA – Recruitment/Admissions, SP – Sponsored Programs, SL – Student Loans, SR – Student Records, TC – Telecom Directory, EC – Electronic Commerce, SE – Student Employment

DATA CUSTODIAN ONLY:

DATA CUSTODIAN SIGNATURE: _____ DATE: ____/____/____

PROFILE: _____ COMMENT(S): _____

IT SECURITY OFFICE ONLY:

[FC# _____]

USER-ID: _____

SECURITY ADMINISTRATOR SIGNATURE: _____ DATE: ____/____/____

COMMENT(S): _____

IT APPLICATION DEVELOPMENT OFFICE ONLY:

RDS ADMINISTRATOR SIGNATURE: _____ DATE: ____/____/____

COMMENT(S): _____