

University of Wisconsin Application Role Authorization Request Form

APPLICATION NAME: **Planning Allocation System**
APPLICATION Role: **A_PA_Auth**

Please indicate only one logon ID per request form

PLEASE PRINT

3 Character Logon ID	Email Address			Role Being Requested
				<input type="checkbox"/> New User
Last Name	First Name	Middle	Phone Number	<input type="checkbox"/> Additions to Existing User
				<input type="checkbox"/> Delete User
Address				<input type="checkbox"/> Remove User From Indicated Role
Department Name		Department UDDS		

Your use of University computing resources is restricted to authorized University of Wisconsin business. You will be held responsible for security breach traceable to you or your assigned logon identification initials. You will also be held responsible for any willful misuse or deliberate system damage traceable to you or your logon identification initials. It is your responsibility to comply with the provisions of the Federal Family Education Rights and Privacy Acts (FERPA), the University of Wisconsin - Madison Policy on Student Records, and the UW-Madison Policy on Faculty and Staff Racial/Ethnic Heritage Data (governed by Wisconsin Public Records Law and by state and federal law) to protect the confidentiality of personal-identifiable information.

Violation of this agreement may result in disciplinary action or legal action or both.

I HAVE READ THE ABOVE TERMS AND AGREE TO THE TERMS.

Date (Mo/Day/Yr)	Employee Signature
Date (Mo/Day/Yr)	Supervisor Signature
Date (Mo/Day/Yr)	Dean/Director Signature
Date (Mo/Day/Yr)	Data Custodian Signature *

* Lastly, provide completed form to your university's data custodian:

UW-Madison: Helen Schouten or Jennifer Klippel, UW-Madison Budget Office, 175 Bascom Hall
 UW-Milwaukee: Don Weill, UW-Milwaukee Budget Office, 210 Engelmann Hall
 All Other Institutions: Renee Stephenson, UW-System Budget Office
 780 Regent St, Suite 237
 Madison WI 53715