

**ISC SEO  
Server and WFR Request Form**

**PART 1 IDENTIFICATION INFORMATION** Check one:  New  Change  Suspend  Delete

Consultant Expiration Date: \_\_\_/\_\_\_/20\_\_\_

Name \_\_\_\_\_ PennKey: \_\_\_\_\_  
 (Please print)  
 PennCard ID # \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_  
 Organization \_\_\_\_\_ E-mail address \_\_\_\_\_ @ \_\_\_\_\_  
 Address \_\_\_\_\_ Mail Code \_\_\_\_\_

As an individual whose position requires interaction with any or all of the University's administrative information systems, I may be provided with direct access to confidential and valuable data and/or use of data/voice systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the University's systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use or copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

Signature of Requestor \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**PART 2A SERVER & DIRECTORY INFORMATION**

	new	revise	delete
Userid: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Server(s): _____			
Directory: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Access _____ read _____ modify (add/delete)			
b) Owner: _____ (which userid?)			
<input type="checkbox"/> For AIS only – Add userid to non-Payroll PROTCOPY group (Depot, ODBS or ESB)			

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

**PART 2B TO BE COMPLETED BY ISC/SEO STAFF**

Userid: \_\_\_\_\_ UID# \_\_\_\_\_ Initial password assigned: \_\_\_\_\_

	new	revise	delete
Group: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Add to Group _____ (which userid?)			
b) Remove from Group _____ (which userid?)			

Comments: \_\_\_\_\_  
 \_\_\_\_\_

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**PART3 WFR - WEB FILE REPOSITORY**

Group Name(required): \_\_\_\_\_

PennKey	PennID	Read	Write	Email Notify* (Y/N)	Email Address	Remove ID from Group
_____	_____			<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>
_____	_____			<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>

\* Email Notify defaults to "Y" for new accounts. Use "N" to request removal of the email notifications

**PART4 FILE TRANSFER KEY REQUEST**

	Host/Server Name	Userid/Account	Directory
Depot	depot.isc-seo.upenn.edu	_____	_____
Server 1	_____	_____	_____
Server 2	_____	_____	_____

Special Instructions – provide host/server names and Userids on lines below

1st transfer initiates on \_\_\_\_\_ as Userid \_\_\_\_\_

and will get/put file on \_\_\_\_\_ as Userid \_\_\_\_\_

2nd transfer initiates on \_\_\_\_\_ as Userid \_\_\_\_\_

and will get/put file on \_\_\_\_\_ as Userid \_\_\_\_\_

Technical Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART 5 APPROVING SIGNATURE (Project Leader or Supervisor)**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

**PART 6 TO BE COMPLETED BY ISC/SEO SECURITY ADMINISTRATOR**

- Authorizations in order. Date received:
- Authorizations incomplete. Return to sender/Date returned

**SEND COMPLETED FORMS TO:**  
ISC Security Administrator  
Suite 265B  
3401 Walnut Street Street/6228  
Fax: 215-573-8236