

Access Request Form: Space@Penn Web Updater

If you are requesting a new access, please complete Parts 1 and 2 of this form and obtain the signature of your supervisor in the space provided before submitting it to the Space Super User for your school. Your Space Super User will sign the form and return to you. Bring it with you when you attend training. Please direct any questions you may have to your Space Super User.

Part 1 Identification and Authorization (please print)	Check one: <input type="checkbox"/> New Access <input type="checkbox"/> Change Access <input type="checkbox"/> Remove Access
Full Name (include middle initial): _____	
Phone Number: _____ - _____ Organization Name: _____	
Campus Address: _____	
Email Address: _____ @ _____	
PennKey (network logon ID): _____ Penn ID # (from your Penncard): _____	
<p>I understand that this LOGON ID gives me access to administrative computing resources for my exclusive use and support of my work as an employee of or contractor to the University of Pennsylvania or the Health System. I understand that this access is controlled by my password. I take responsibility for changing my password on a regular basis and for maintaining the secrecy of my password. I understand that I am responsible for anything done on administrative computing resources with my LOGON ID. I take responsibility for maintaining the confidentiality of University information. I agree to work with production data only after completion of training.</p>	
Requestor signature: _____ Date: ____/____/____	

Part 2 Specific Access to Web Updater	
The individual name has my permission to access and update Space@Penn for the Orgs/AUs listed below.	
University Access <input type="checkbox"/> Regular User for Orgs: _____ _____ _____ _____	UPHS Access <input type="checkbox"/> Regular User for Accounting Units/Groups: _____ _____ _____ _____
<input type="checkbox"/> Super User for Schools: _____	<input type="checkbox"/> Super User UPHS Orgs: _____
_____ (Requestor Supervisor Signature) (Date)	_____ (Requestor Supervisor Name)
_____ (Space Super User Signature) (Date)	_____ (Space Super User Name)

Part 3 For Administrative Use Only	
Training Completed Signature (Trainer) _____	Date: ____/____/____
Production Access Granted Signature (Security Administrator) _____	Date: ____/____/____

Super Users:
 For change access requests, please fax completed form directly to Frank Nguyen at 215 898-0386.
 For remove access requests, please complete the form and fax directly to Frank Nguyen at 215 898-0386. No requestor signature is required for remove access.