

THE OHIO STATE UNIVERSITY

OSU SIS Reporting Access Request Form

ACCESS REQUESTED FOR:				
Name	Employee ID	Name	.#	
KEQUESI TYPE: (Se	icci type of request by en			
ew Request	Name.#		,	
ew Request			Date to be removed	
ew Request elete Request odel Request	Name.#		Date to be removed	
REQUEST TYPE: (Seew Request elete Request odel Request odel User Account Afte	Name.#		,	

IV. ACCESS INFORMATION: (Please answer questions in detail. These are required fields.)				
What specific data will you need to access?	_			
How will this data be used?				
Who else will have access to this data?				

V. USER MODULE ACCESS REQUESTED:

	ODS Access (DWHCRPT):		
Adm	issions		
Fina	ncial Aid		
Stud	lent Financials		
Stud	ent Records		
Orie	ntation		
Stud	ent Health Insurance		
	Data Warehouse DataMart Snapshots (DWDMOSU):		
	Processing Instructions: (Add any additional information here that is not elsewhere on the form)		

DATA SECURITY COMPLIANCE:

By submitting this request form you are acknowledging that said user requires the specified access in accordance with their job functions. This user will be asked to comply with all OSU, federal, state, and local rules and regulations that are applicable to the data and must complete the Institutional Data Policy course as confirmation that they are aware of these responsibilities. (For more info on completing this training go to: https://osuitsm.service-now.com/selfservice/kb_view.do?sysparm_article=kb03069)