Colleague & Informer Login/Change Request Form

Name of User:	Name of Requestor (if not user):				
Department:	Request Date:				
Colleague Login ID:(if chan	ge in current access) Check One: _Faculty _Staff _Student				
This form is used by members of The College of Wooster account privileges on the College's Institutional Informa	community to request an account or request a change in tion System (Colleague & Informer).				
Currently, individual user access rights to our Institutional Information System data are determined by the appropriate supervisor; where applicable, the offices assigned data stewardship, and the Chief Information & Planning Officer. Requests to grant access to or change access for individual users are required from the appropriate administrative offices in writing prior to access being granted. User access is automatically revoked upon the end of employment with the College, upon the employee transferring to another position within the College (where access may be changed given the different nature of the employee's position), upon change in the employee's responsibilities within her or his current position, upon written or electronic notification from the administrative office assigned data stewardship, or upon notification from the Chief Information & Planning Officer or the College President.					
	TO APPLICATIONS DEVELOPMENT, MORGAN HALL OR Fill in the (User) or approve (Supervisor or Data Steward). Email to				
With receipt of a login account on the system you agree information and system resources. These include:	to principles regarding responsible and acceptable use of these				
 Abiding by the provisions of the College's Confidentiality Policy (see Handbook of Selected College Policies) Abiding by the provisions of the College's "Acceptable Use Policy". Abiding by the provisions of the College's "Administrative Data Access Policy". Abiding by the provisions of College policies and procedures pertaining to specific functions in the Colleague system. Abiding by the provisions of our software licenses, including maintaining confidentiality about the design, programming code, and structure of the software. Abiding by departmental procedures relating to the use of the system. Abiding by Application Development procedures relating to use of the Colleague system and Informer reporting tool. Conserving system resources, that is, being judicious in use of system sessions, running of programs and jobs, accessing printing resources so as not to hamper the work of others who are using the system THE FOLLOWING IS TO BE COMPLETED BY THE USER REQUESTING A NEW LOGIN OR CHANGE 					
Access change requested (if not new user):					
Mimic access of another user? [] YES If so, user lo	gin:				
	nced above and agree to abide by these and any departmental and access of information within The College of Wooster's				
Hear cianatura:	Date:				

REVIEWS:						
Supervisor Signature:			Date:	Date:		
Supervisor Printed N	ame:					
If Applicable: Signature of Director Steward authorizing	or or Data ng request:Date:					
Director or Data Stew	vard Name (Please pri	int):				
AUTHORIZATION:						
	Date:					
Chief Information & I						
FOR APPLICATIONS	DEVELOPMENT USE	E ONLY:				
Date Received	Security Classes Assigned	Date Completed in Colleague	Date User/Supervisor Notified	Date Form Filed & Location		
By:	By:	By:	By:	By:		
Circle/Check/Date a	all that apply:					
Budget Y N	Gloria	Connie	Unix	NO_PERSON_SEARCH		
Training Date	Request	Request	Request	CORE.IMAGE.DENY		
Dan dan ski sa Marak	Complete	Complete	Received	NIAF		
Production - Test	OPERS	SVM	DRUS	NAE		
User Login, ID, Full	Name:					