

UCF Sponsored Account Request/Termination Form

This form is to request a UCF Sponsored Account, Network ID (NID), and to define your relationship (i.e., associate, consultant, contractor, intern, guest, etc.) with the University of Central Florida. The request will require a full-time employee (e.g., head of business unit, department, faculty, administration, etc.) to sponsor the account. Accounts are granted to persons for official university business for a maximum length of one (1) year.

Once the form is submitted with all the required fields completed, please allow 5 to 10 business days for verification and processing. **This form only creates the account. It will not automatically provision all the services requested.** Once the account is created, sponsors must request access to required resources through other existing processes. Training may be required before access is granted.

Access terminates after midnight on the end date specified in section two of this form. The sponsor must submit a renewal request form prior to the end date to avoid disruption of service. It is also the responsibility of the sponsor to immediately submit this form (complete sections 1 and 3) for termination of access if the account/access is no longer required prior to the specified end date.

The privacy of student and employee information is protected by University, State and Federal laws. Access granted to University resources might be protected, but not limited to the following laws or standards: Family Educational Rights and Privacy Act (FERPA), HIPAA, PCI DSS, GLBA. Moreover, UCF imposes its own policies and standards regarding the safeguarding of the University assets. Please review the policies governing the use of UCF's institutional data and computing resources at www.policies.ucf.edu. Standards governing computing resources are found at www.infosec.ucf.edu

Please fill in all appropriate sections for the access requested, scan the completed form, and send it to IAM@ucf.edu. Forms can also be faxed to the Information Security Office fax line at 407-882-9006.

- Allow up to 10 Business days for processing.
- All fields outlined in red, in necessary sections are required.

Requested Date:

Request Type:

Section 1: Individual needing an account or access to University resource:

Last Name: First: Middle:

Home Institution/Company Name (if applicable):

Position/Title(if applicable):

Daytime Phone: Cell Phone:

Address:

City: State: Zip:

Email:

UCF Employee ID (if applicable, renewal/termination):

The following data fields are required in order to prevent creation of duplicate accounts. All information will remain confidential.

Date of Birth: Gender:

U.S. Citizen/Permanent Resident: Yes No (If "No" is selected, please complete Section eight (8) of the form and attach resume)

Section 2: Business reason for University account, access, or resource requested:

Please provide the purpose for this request by selecting the necessary resources.

NOTE: Additional requests must be made to grant access to these resources. For more information visit the following URL: <http://www.cst.ucf.edu/sponsored-account-request-form-details/>

- PeopleSoft Access (complete all sections)
 - Once the sponsor receives the user account creation notification they must contact their PeopleSoft security/functional lead or Departmental Security Coordinator (DSC) to provision the needed access.
 - FERPA course SR100W and a basic navigation course will be required before working with institutional data/academic records.
- Access to Institutional Data (e.g., academic records) outside of PeopleSoft (complete all sections)
 - Once the sponsor receives the user account creation notification they must contact their PeopleSoft functional lead or DSC to provision the requested access.)
 - FERPA course SR100W will be required before working with institutional data/academic records.
- Access to Human Resources Data (complete sections 1, 3, 5 & 7 with HR's DSC approval in Section 5)
 - Once the sponsor receives the user account creation notification they must contact their PeopleSoft Functional lead or DSC to request the appropriate HR access.
- College/Departmental Server (complete sections 1, 3, 5, & 7)
 - Once the sponsor receives the user account creation notification they must contact the system owner or DSC to request the appropriate server access.
- VPN (Virtual Private Network) for remote access (complete sections 1, 3, 4, 5, & 7.)
 - Visit the following URL to configure the VPN connection: www.cst.ucf.edu/about/telecommunications/network-services/vpn/
- Wireless access on campus (complete sections 1, 3, & 7)
- Enterprise email account (complete sections 1, 3, & 7)
 - Once the sponsor receives the user account creation notification they must ask their department's ePAF originator to submit the PeopleSoft "Enterprise Email – Add User Account eForm" to create the email account.

Include a general business statement/reason for access; specify if access will be required to systems, the type of data, etc. If more room is needed, please attach a separate form.

Access Begin Date: _____ End Date: _____ **Maximum length of 1 year from begin date.**

Section 3: University sponsor (unit head, faculty, admin, etc.) for requested account/access:

I understand that it is my responsibility to submit a termination of access request immediately if this access is no longer required prior to the specified end date. I understand that a new request must be submitted to extend an account beyond the expiration date.

Last Name: _____ First: _____ Middle: _____ UCFID: _____
 Title: _____ Dept. Name: _____ Dept. #: _____
 Campus Address: _____
 Campus Phone: _____ Campus Email: _____
 Sponsor Signature: _____ Date: _____

Section 4: Details of the computer system(s) being accessed (if necessary):

If the account you are requesting will be used to access computer systems and resources on the UCF network, please provide the details of that resource you will be accessing below.

Computer Name: _____ IP Address: _____ OS: _____
 System Administrator: _____ System Admin Phone#: _____
 Network Service(s) used: _____
(Windows Share, SSH, sFTP, on campus SSL website, http, https, etc.) Building/Room: _____

Section 5: College/Departmental Security Coordinator (DSC) Authorization (if necessary): Departmental or College Security Coordinator must review the requested access if it involves their departmental system(s) and impose access limitations when applicable to mitigate risk to university data: (Your sponsor can find DSC information here: <https://www.cst.ucf.edu/departmental-it-and-security-coordinators-resources/>)

Last Name:

First:

Middle:

Department:

Campus Email:

DSC Signature _____ Date _____

Section 6: Institutional Knowledge Management (IKM) Authorization (if necessary):

Access to institutional data (e.g., academic, etc.) will require authorization from the Institutional Data Administrator or designee.

Institutional Data Administrator, or designee, name:

Institutional Data Administrator, or designee, signature: _____

Section 7: Requestor confidentiality and non-disclosure agreement:

The undersigned UCF associate, consultant, contractor, or guest in the course of their relationship with UCF may have access to or acquire confidential personally identifiable information, including but not limited to student and/or employee names, addresses, telephone numbers, bank and or credit card numbers, social security numbers, medical records, and income and credit history.

The signee acknowledges his or her responsibility to abide by various State and Federal regulations regarding privacy and security of confidential information maintained by the University, including the Family Educational Rights and Privacy Act (FERPA), the Payment Card Industry Data Security Standards (PCI DSS), the Gramm-Leach-Bliley Act, the Health Insurance Portability and Accountability Act (HIPAA), and the State of Florida Statutes on identity theft, and agrees to cooperate, and shall cause its officers, employees, agents, and subcontractors to cooperate with the University, as necessary, to comply fully with these legal obligations.

The signee agrees to keep confidential all student academic records, employee personnel records, and other personally identifiable information that is deemed to be confidential in accordance with applicable Federal, State and University laws and policies.

The signee declares his or her capability of safeguarding any confidential information accessed or viewed. Signee agrees to implement such safeguards that may be necessary to maintain the security and confidentiality of all information accessed or viewed, and to prevent the disclosure of the information except as required by law.

Signee shall indemnify, protect, defend, and hold harmless the University and its trustees, officers, agents, employees, representatives, and against any and all claims, demands, suits, and causes of action and any and all liabilities, costs, damages, expenses, and judgements, incurred in connection therewith relating to or arising out of unauthorized use or disclosure of confidential information.

Signee will immediately report to the University any unauthorized use, access, or disclosure of confidential information.

Signature: _____ Date: _____

NOTE: Account information and initial credentials will be emailed to the sponsor unless the intended individual already has a UCF email address.

Section 8: Export Controls Compliance Authorization (if necessary):

U.S. export control laws, regulations and sanctions require that foreign nationals are not inappropriately granted access to export controlled technical data or information in any form, including electronic, whether in the U.S. or abroad. Such information is federally regulated and may not be exported, re-exported, transferred, or made available to foreign entities or persons without prior U.S. government approval, which may include obtaining a federal license. Sponsors must be aware of U.S. export laws, regulations, and sanctions applicable to any technical data and information accessible by foreign individuals requesting account access and seek approval prior to granting access. If the visitor is not a U.S. citizen or permanent resident then they must complete section eight (8) of this form.

1. Country of Birth:

2. Country of Citizenship:

3. Intended Immigration Status (e.g., B-visa, J-1 visiting scholar, H-1B):

4. Did the foreign person previously attend, visit or collaborate with UCF?

Yes No (If Yes, specify the program, sponsor/host and Principal Investigator)

5. Will the foreign person participate in or have access to any sponsored or non-sponsored Research Activity data?

Yes No (If yes, specify the project account, type of research, sponsor, and nature of the data)

6. Specify the activities and duties of the foreign person (administrative, teaching, technician, research, etc.):

7. Will the foreign national provide or be provided access to any system containing any export controlled, proprietary, confidential, or other information subject to any non-disclosure agreement?

Yes No (If yes, provide a detailed description.)

NOTE: After the completion of this questionnaire you may be contacted by the Office of Research and Commercialization for additional information.

Office of Research and Commercialization Approval (For Official Use Only):

Participation in protected research requires ORC approval.

Office of Research and Commercialization designee, name:

Office of Research and Commercialization designee, signature: _____

Date: _____