

ACID _____

DATE _____

ACcessor ID (ACID) Request

New
To create an ACID, mark New.

Change
To change information for an ACID, mark Change.

Delete
To remove entire ACID, mark Delete.

REQUESTER

Requester: _____
(Last) (First)

Department: _____ Regional Campus: _____

Building Address: _____

Phone: _____

Requester's Signature _____ Requester's E-mail _____ DATE _____

System and facility accesses must be requested for a new ACID.

Facilities needed: CICS Production MAI CICS Test SAS/Connect
 ROSCOE CDE FTP ROSCOE RJE SAS/SHARE
 Other (please specify) _____

Request individual applications systems access on Form 183. Send these requests to System Owners.

APPLICANT

Person needing access: _____
(Last) (First) (Initial)

PUID _____ Purdue Employee? Yes No

Department Name and Number: _____
(Dept name) (Dept number)

Account Number for billing: _____
(Fund) (Dept) (Project) (DREF)

MAINFRAME USER ACKNOWLEDGMENT OF RESPONSIBILITY

I accept the responsibility for protection of and correct use of any access granted me to the IT Infrastructure and Purdue University data. I understand and will follow the requirements as stated on the "Mainframe Administration – Your ACID" page (online at: <http://www.itap.purdue.edu/infrastructure/systems/mainframe/acid/what.cfm>).

(USER'S SIGNATURE REQUIRED) DATE _____

If the Departmental Requester can not obtain the employee's signature prior to submitting the Form 182, they will be responsible for photo-copying the completed 182, obtaining the new user's signature, and returning the signed 182 copy to the MVS Security Administrator within two weeks. Failure to do so will result in the suspension of the ACID.

I agree to obtain the new user's signature and return within two weeks to MVS Security Administrator.

AUTHORIZATION

I verify that the above signed is an employee in good standing in my department who should be granted access.

(DEPARTMENT HEAD or DESIGNEE) DATE _____

Return this form by campus mail to: **MVS Security Administrator**, IT Infrastructure, 1061-FREH., **OR**
Return by FAX: (765) 496-1380. Regional Campus forms should be sent to the Regional Security Administrators.

This form may be duplicated