

Access Request Form Original Required Campus Community for processing

User intorn	nation (All fields M	UST be filled out for process	ing) PLEASE T	TYPE OR PRINT LEGIBLY
Last Name:		First Name:		Middle Initial:
CSUB ID #:		Email Address:		Work Phone:
Department:			Faculty	Staff Student Worker
New Employee	Existing Employee	Contact (If other than the user):		Effective Date:
Access Ro	oles			
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Employee Signature:			at http://www.csub.edu/bas/hr/_fi Student Workers - Please sign agreement at http://www.csub.ed	reed to the confidentiality agreement files/_PeopleSoft/staffconfidentialityagree.pdf and attach a new original confidentiality du/cms/student_conf_agreement.pdf — A copy of these documents are on file with
Manager (MPP) Signature:		Print Name:		Date:
Both signatures Human Resources Approver Signature:		e Student Records Access Reques	Agre	tudent only Bio Demo information. loyee Confidentiality element on file in HR? Verified by: Date:
Student Records Approver	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Dut
Signature:	Approval of Director of	Enrollment Services - Jennifer McCune -c	 or- Director Enrollment Systems - Tor	Date: mmy Holiwell