University of Alaska
FsaATLAS Access Request Form
(*required fields)

*Action (check one):
☐ New Account ☐ Change Account ☐ Terminate Account

*Server Environment (Separate form required for each Server Environment):
☐ PREP ☐ Production

*Banner User ID (if applicable):
_________________________________

*Default Password:
_________________________________

*Last Name:
_________________________________

*First Name:
_________________________________

*fssaATLAS Department:
_________________________________

SEVIS User Id for Students (F/M Visas), if applicable:
_________________________________

SEVIS User Id for Scholars (J Visas), if applicable:
_________________________________

*Are you an authorized signer for Form I-129? Circle One:
Yes ☐ No ☐

If yes, complete the following:
Title appearing on I-129:
_________________________________

I-129 Address Line 1:
_________________________________

I-129 Address Line 2:
_________________________________

I-129 City:
_________________________________

I-129 State:
_________________________________

I-129 Zip:
_________________________________

*Check the permissions needed:
☐ Create Form Letters
☐ Advisor Notes Access (Advisors and designated staff only)
☐ Can be assigned to Tasks and Appointments
☐ IT Permissions (SW IT staff only)

*Student/Scholar Permissions:
Write department name. Check the permissions needed.

<table>
<thead>
<tr>
<th>Upload and Download SEVIS Batches</th>
<th>Sign/Approve SEVIS Events</th>
<th>Create Forms</th>
<th>Read/Write</th>
<th>View</th>
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Revised 06/13/2005
*Report Permissions:
Write department name. Check the permissions needed.

<table>
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<tr>
<th>Edit/Delete Reports</th>
<th>Run/View Reports</th>
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Statement of User Responsibility

All University employees and authorized system users are responsible for the security and confidentiality of university data, records, and reports. Individuals who have access to confidential data are responsible for maintaining the security and confidentiality of such data as a condition of their employment. The unauthorized use of, access to, confidential data is strictly prohibited and will subject the individual to disciplinary action.

I have READ and FULLY UNDERSTAND the above statement of User Responsibility and shall comply with such statement.

User Signature: ___________________________ Date: ________________
Contact Information:
E-mail: ___________________________ Phone: ___________________________

Supervisor’s Signature: ___________________________ Date: ________________

Supervisor’s Printed Name & Title: ___________________________
Contact Information:
E-mail: ___________________________ Phone: ___________________________

PDSO/RO Signature: ___________________________ Date: ________________
(Not needed for SW IT)

PDSO/RO’s Printed Name & Title: ___________________________
Contact Information:
E-mail: ___________________________ Phone: ___________________________

Office Use Only:
Audit Signature: ___________________________ Date: ________________
SW Domain Created by: ___________________________ Date: ________________
FsaATLAS User Name Created by: ___________________________ Date: ________________

Revised 05/17/2005