Access Request Form: Space@Penn Web Updater

If you are requesting a new access, please complete Parts 1 and 2 of this form and obtain the signature of your supervisor in the space provided before submitting it the the Space Super User for your school. Your Space Super User will sign the form and return to you. Bring it with you when you attend training. Please direct any questions you may have to your Space Super User.

Part 1 Identification and Authorization   Check one: ☐ New Access ☐ Change Access ☐ Remove Access
  (please print)

Full Name (include middle initial): _____

Phone Number: _____-_____   Organization Name: _____

Campus Address: _____

Email Address: _____@_____

PennKey (network logon ID): _____   Penn ID # (from your Penncard): _____

I understand that this LOGON ID gives me access to administrative computing resources for my exclusive use and support of my work as an employee of or contractor to the University of Pennsylvania or the Health System. I understand that this access is controlled by my password. I take responsibility for changing my password on a regular basis and for maintaining the secrecy of my password. I understand that I am responsible for anything done on administrative computing resources with my LOGON ID. I take responsibility for maintaining the confidentiality of University information. I agree to work with production data only after completion of training.

Requestor signature: _____Date: ____/____/____

Part 2 Specific Access to Web Updater

The individual name has my permission to access and update Space@Penn for the Orgs/AUs listed below.

University Access	**UPHS Access**
☐ Regular User for Orgs:	☐ Regular User for Accounting Units/Groups:

_____ _____ _____   _____ _____ _____

_____ _____ _____   _____ _____ _____

_____ _____ _____   _____ _____ _____

_____ _____ _____   _____ _____ _____

☐ Super User for Schools: ☐ Super User UPHS Orgs:

_____ _____ _____   _____ _____ _____

_____   _____
(Requestor Supervisor Signature)   (Date)   (Requestor Supervisor Name)

_____   _____
(Space Super User Signature)   (Date)   (Space Super User Name)

Part 3 For Administrative Use Only

Training Completed Signature (Trainer)   _____ Date: ____/____/____

Production Access Granted Signature   _____ Date: ____/____/_____
  (Security Administrator)

Super Users:
For change access requests, please fax completed form directly to Frank Nguyen at 215 898-0386.
For remove access requests, please complete the form and fax directly to Frank Nguyen at 215 898-0386. No requestor signature is required for remove access.