

## *Falcon Access Request Form*

Check One:     New Account  
                    Terminate Access  
                    Renew Access  
                    Change Privileges-Reason: \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **PennKey (Username)** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Phone Number/Ext.** \_\_\_\_\_

As an individual whose position requires interaction with FRES information systems, I may be provided with direct access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will maintain the confidentiality of my password for all systems to which I have access. I will maintain in strictest confidence the data to which I have access. Any confidential information will not be shared in any manner with others who are unauthorized to view such data. I will use my access to the FRES systems for the sole purpose of conducting official business of the University. I understand that the use of these systems and their data for personal purposes is prohibited. I understand that any abuse of access to the University's systems and their data, any illegal use of copying of software, any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

**Applicant Signature:** \_\_\_\_\_  
**Request Date:**    \_\_\_/\_\_\_/\_\_\_

## *Authorization*

**The person named above has my approval for the requested Falcon Access**

As the supervisor or sponsor of an individual whose position requires interaction with FRES information systems, I understand that this individual may be provided with direct access to confidential and valuable data and/or use of data systems. In the interest of maintaining the integrity of these systems and of ensuring the security and proper use of University resources, I will ensure that the user has reviewed the section above which outlines the responsibilities of system access and have provided him/her/them with the University Policy on Acceptable Use of Electronic Resources.

**Supervisor or Sponsor Name (Print):** \_\_\_\_\_  
**Supervisor or Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_  
**Falcon Access Start Date:** \_\_\_/\_\_\_/\_\_\_                      **Falcon Access Termination Date:** \_\_\_/\_\_\_/\_\_\_

## *Access Level*

**To be completed by FRES D&DM**  
**Environment Name:** \_\_\_\_\_ **Date Access Granted:** \_\_\_/\_\_\_/\_\_\_