



INFORMATION TECHNOLOGY SERVICES
REQUEST FOR BDM & SARS Anywhere ACCESS

CHECK ONE: Faculty Classified Staff Administrator Student Consultant

Date: _____

Name: _____ Last First Empl. ID: _____

Department: _____ Office #: _____

Phone #: _____ RAMID: _____

BDM Access (Must have Banner account): Same Access As: _____

Counseling & Matriculation: _____ Requires Lidia Jenkins Approval _____

Admissions & Records: _____ Requires MaryLou Leyba Approval _____

Human Resources: _____ Requires Dianna Gonzales Approval _____

Financial Aid: _____ Requires Guillermo Villanueva Approval _____

Finance: _____ Requires Abdul Nasser Approval _____

Payroll: _____ Requires Kerry Wilhite Approval _____

Other: _____ Department: _____

SARS Anywhere Access: Same Access As: _____

Counseling/Matric. Locations: _____ Access: _____

DSPS Locations: _____ Access: _____

FAO/EOPS Locations: _____ Access: _____

Additional Information/Request: _____

AGREEMENT:

By signing this form, the requester agrees to abide by all CCSF policies and rules regarding the use of the account, security of the password, and confidentiality of CCSF information. Specifically, the requester agrees as follows: not to divulge their password or to allow others to use their account; to use the account only for CCSF-related tasks and not to attempt to gain access to data that is not necessary to their CCSF job, research, or instruction; and to not use the account for commercial purposes. If, in the opinion of ITS, the account is being misused or the account holder is violating the above agreement or any policies set by the College, the account will be immediately and permanently disabled.

(Applicant's Signature) (Date)

(Department Chair/Supervisor's Signature) (Print Name) (Date)

Send completed request form to ITS via email: Helpdesk@ccsf.edu. Your account will be normally available within 1 week of ITS receiving the COMPLETED form with the APPROPRIATE signatures.

***** ITS ONLY BELOW *****

Log-on ID: _____

Comments: _____