



THE UNIVERSITY OF ARIZONA

Foundation

1111 N. Cherry Ave., Room 403
P.O. Box 210109
Tucson, Arizona 85721

Please complete this form and return it to the UA Foundation,
Financial Services Dept., Room 403, "Swede" Johnson Bldg.
Questions regarding this form may be directed to fssupport@uafoundation.org
or 621-5494. *Faxed Copies are not accepted.*

For UA Foundation Use Only		
<input type="checkbox"/>	Form completed	
<input type="checkbox"/>	Unit(s) verified	
<input type="checkbox"/>	Approval signature verified	
Reviewer:		
	_____	_____
	Initials	Date
Processor:		
	_____	_____
	Initials	Date

Online Access/Removal Request Form

Note: The following form is required to obtain access to the UA Foundation web services application, UAFDN.org.

Contact Name: _____ **Telephone No.:** _____ **Date:** _____

Person to have online access (removed) to project(s):

Name: _____ **Job Title:** _____ **Email Address:** _____

UA Empl.ID: _____ **College Name/Code:** _____ **Dept. No:** _____ **Telephone No.:** _____

New User* -or- Existing User (select one below):

ADD Access – adds to existing access*

CHANGE Access – replaces existing access*

REMOVE Access

***Please complete section below.**

Access Level Requested:

Note: More than one Level below may be selected. See explanations of each selection below.

By College: College Code(s) and Name(s): _____

By Department: Dept. No(s). and Name(s): _____

By Project: Project No(s). and Name(s): _____

Scholarships Only: College(s) or Dept(s): _____

Access level explanations:

By College: User will be granted access to ALL PROJECTS WITHIN SPECIFIED COLLEGE(S). User will automatically receive access to any new project(s) created under the specified college(s).

By Department: User will be granted access to ALL PROJECTS WITHIN SPECIFIED DEPARTMENT(S). User will automatically receive access to any new project(s) created under the specified department(s).

By Project: User will be granted access ONLY TO SPECIFIED PROJECT(S). User must submit additional Online Access/Removal Request Forms for any projects to which they need access thereafter.

Signature and Approval:

My signature below indicates I will comply with the terms and conditions of use found on the following page for the UAF web services application, UAFDN.org, which is owned and operated by the University of Arizona Foundation.

Signature: _____ **Date:** _____

Approval: I hereby authorize the individual named above to have access (removed) to this (these) Foundation project(s).

Printed Name – Dean, VP or Designee

Signature – Dean, VP or Designee

Date

TERMS & CONDITIONS

PLEASE DO NOT RETURN THIS PAGE: RETAIN IT FOR YOUR RECORDS ONLY

1. All of the information available to me through use of the system is proprietary information and is owned by the University of Arizona Foundation. Access is granted and governed by the terms of an agreement between the University of Arizona Foundation (UAF) and the University of Arizona (UA) regarding data sharing.
2. I agree that I will not disclose, download or transfer any information obtained from UAFDN.org to any repository or system not maintained by the UAF without advanced written consent of the UAF.
3. I agree to use the User ID name assigned to me—and only that name—when logging onto the system. I will not share my credentials with anyone else.
4. I will use passwords that cannot be guessed easily; protect my password from accidental disclosure; and refrain from disclosing it to anyone for any reason. If my password is disclosed accidentally, I will change my password immediately and report the disclosure to the System Administrator.
5. I will not leave my computer unattended while logged onto the system.
6. I will use the system only for official UA or UAF business.
7. I will properly mark, safeguard, and destroy all printouts and computer files obtained from the system. I will maintain as confidential any donor information obtained from the system.
8. I will notify the System Administrator when I no longer need my account.
9. I will not retain any data obtained or derived from the system after termination of employment with the UA or UAF.
10. I will notify the System Administrator of any security incident or system malfunction.
11. I consent to the monitoring of my data and system usage by authorized UAF staff for the purposes of data verification and system planning and maintenance.
12. User accounts left inactive for 90 days will be disabled by the System Administrator. A formal request and renewal of this agreement will be necessary to reactivate a disabled account.
13. If these conditions are not fully met, access to the system may be suspended.