

ODS User Disable Data Access Request

Name: _____ Date: _____

Phone: _____

Department (Number/Name): _____

CSUID: _____ EName (If Known): _____

ODS Account (If Departmental Account): _____

Statement of Use and Understanding

As the supervisor or the data steward of the afore-mentioned employee, I am requesting that following ODS data access be disabled .

- Disable ALL ODS Data Access**
- Disable ALL ODS RESTRICTED Data Access**
- Disable Selected Data Access**

Student Data

- Student (ARIES_STUDENT_DEPT)

Human Resources Data

- Human Resources (HR_DEPT_LEVEL_ACCESS)

Financial Data

- KFS and Legacy FRS (FINANCIAL_REPORTING)

Accounts Receivable Data

- Accounts Receivable (ARIES_AR_DEPT)

General Directory

- Directory (WEID_QUERY)

Supervisor (Print/Type)

Signature

Date

Data Steward (Print/Type)

Signature

Date

Routing

Data Area	Data Authority	Authorized Signature	Date
Information Systems			

I.S. Implementation

I.S. Security Administrator
Date: