

## CMSD – Computer Security Authorization/Change Request Form (CSA/CR)

Return form to: Department of Information Technology: IT Security, fax to 216-426-3974 - Direct your concerns to the CMSD Service Desk at 216-838-0440.

Name: \_\_\_\_\_ (REQUESTOR, PRINT FULL NAME CLEARLY) School / Dept: \_\_\_\_\_  
 Facility Code #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Soc Sec#: \_\_\_\_\_ Previous Site: \_\_\_\_\_  
 Username: \_\_\_\_\_

Are you a CMSD Employee? YES  NO  If no, please explain: \_\_\_\_\_

Changes To An Existing Account	
<input type="checkbox"/> New Addition - Please check all areas that apply to your job responsibilities	
<input type="checkbox"/> Changes (Fill Out The Areas To Be Changed) Transfer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Delete Account (Effective Date): _____	
<input type="checkbox"/> Name Change	TO: _____ FROM: _____
<b>AS/400</b>	<b>SunGard</b>
<input type="checkbox"/> CIMS User	<input type="checkbox"/> eSchoolPlus <input type="checkbox"/> Display Only
<input type="checkbox"/> Programmer	<input type="checkbox"/> IEPPlus (Special Education Teachers Only)
<input type="checkbox"/> Operator	<b>Schoolwires</b>
	<input type="checkbox"/> Department Editing <input type="checkbox"/> School Editing
	<input type="checkbox"/> Other
<b>APPLICATION ACCESS</b>	<b>NETWORK ACCESS</b>
<input type="checkbox"/> FMS (Specify in OTHER ACCESS)	<input type="checkbox"/> Email
<input type="checkbox"/> OHS	<input type="checkbox"/> Network Account
<input type="checkbox"/> EMS	<b>Other Application Access</b>
<input type="checkbox"/> HMS	<input type="checkbox"/> SchoolNet <input type="checkbox"/> Naviance <input type="checkbox"/> OnBase

**OTHER ACCESS** (Justification for Request):

Approved by: (Signature) \_\_\_\_\_ Date: \_\_\_\_\_  
 (Manager, Supervisor, Principal)

Approved by: (Print Name) \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Telephone: (Facility) \_\_\_\_\_ Fax #: \_\_\_\_\_

**➤All New Users MUST complete the section below:**

Answer the following questions for authentication purposes to be used when requesting a password reset.

➤What is your mother's maiden name? \_\_\_\_\_ ➤What is your favorite color? \_\_\_\_\_

**You alone will be responsible for your password and all activity that takes place under your username. Please do not share your username or password with anyone.**

I receive and accept the conditions stated in this form, and have read the Security Regulations at the web address listed below and clearly understand my responsibilities related to information systems security and sanctions provided if I abuse same.

➤Requestor Name (Print): \_\_\_\_\_

➤Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_