

TELEPROCESSING NETWORK AUTHORIZATION (3270)
 University of Wisconsin – Madison, Division of Information Technology

_____ Logon ID

- New Request
 Additions to Existing Request
 Student Employee Yes No

Send or fax completed form to:
 DoIT TP Authorizations, 1210 W. Dayton St., Madison, WI 53706
 FAX (608) 265-0667

Last Name:	First	MI	Phone	Email Address (required)
Dept. Name		Dept. UDDS		Title
Office Address		City	Zip Code	

NOTE: When requesting UDDS protected transactions, please indicate the UDDS you will need to access. When requesting transaction TMNT or TREV, please include the Table Name you will need to access

Trans	UDDS/Table	Trans	UDDS/Table	Trans	UDDS/Table	Trans	UDDS/Table

DoIT CLIENT AGREEMENT TO ACCEPT RESPONSIBILITY

- Your password is intended for your use alone. You must not disclose your password to anyone. Your password verifies your logon identification initials and you are responsible for keeping it confidential.
- Your password must be changed periodically. Change your password immediately if you suspect another may know your current password.
- Your use of University computing resources is restricted to authorized University of Wisconsin business.
- You may only access data for which you have specific authorization. You may only use your access to data for authorized University of Wisconsin business.
- You will be held responsible for any security breach traceable to your assigned logon identification initials. You will also be held liable for any willful misuse or deliberate system damage traceable to your logon identification initials.
- Violation of this agreement may result in disciplinary action or legal action or both.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND AGREE TO THE TERMS.

Client Signature	Date	Supervisor Approval	Date
Dean or Director Approval	Date	Chancellor (non-UW-Madison requests only)	Date

Initial and date:

FOR DoIT USE ONLY

Payroll	IADS	Accounting	Budget	Registrar	Grad School	