

DIT SECURITY REQUEST

TO: DEPARTMENT OF INFORMATION TECHNOLOGY, CENTRAL SECURITY ADMINISTRATOR

From Agency: _____

Approved BY: _____ Date: _____
 (Name - Print or Type and Sign Below)

Agency Signature: _____

HPD Security Liaison: Lois Matsunaga Phone: 723-3660 Fax: 529-3129

Signature: _____ Date: _____ Supvr Initl: _____

HPD-RMS Security Liaison: _____ Date Rcd: _____ n/a: _____

NEW USERS:

<u>NAME:(LAST,FIRST MI)</u>	<u>DIV.</u>	<u>PROFILE/TRANS-ID/ FILE (TYPE OF ACCESS)</u>	<u>SPECIAL REQUIREMENTS</u>	<u>EFFECTIVE DATE</u>
(Give name and ACID of person with similar access)				

ADD OR DELETE PROFILES, TRANS-IDs OR FILES (SPECIFY TYPE OF ACCESS):

<u>ACID</u>	<u>NAME</u>	<u>ADD NEW TRANS-ID/PROFILE/FILE/SPECIAL REQ.</u> (or, "make same as Name, ACID")	<u>DELETE TRANS-ID/PROFILE/FILE</u>	<u>EFFECTIVE DATE</u>
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DELETE USERS:

<u>NAME: (LAST, FIRST MI)</u>	<u>ACID</u>	<u>EFFECTIVE DATE</u>
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NAME CHANGES:

<u>ACID</u>	<u>ORIGINAL NAME</u>	<u>CHANGED NAME</u>	<u>EFFECTIVE DATE</u>
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REQUEST COMPLETED BY: _____ DATE _____

DIT SYSTEMS _____
DIT LAN _____