

INFORMATION ACCESS REQUEST FORM

PLEASE SUBMIT THIS COVERSHEET WITH ALL ACCESS REQUESTS-BOTH NEW IDS AND UPDATES

Please complete all of the information below. Incomplete forms will be rejected.

TODAY'S DATE: _____ START DATE: _____

USER'S NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

LAST 4 DIGIT'S OF THE USER'S SSN: _____

DEPARTMENT NAME: _____

NETWORK USER ID: _____

EMPLOYEE'S TITLE: _____

PRIMARY WORK LOCATION: _____
(UH, UHCD, UFHCN, UFHCNW, UFHCSW, UFHCSE, UHBC, UCCH, DHCS, UTHSC, CTRC, UPG, ETC.)

RC NUMBER: _____

PHONE/PAGER NUMBER: _____ EXT. _____

CREDENTIAL: _____ (MD, PA, MS3, MS4, RN, CRRT, LVN, etc.)

PROVIDER ID#: _____ DEA#: _____ DPS#: _____ State Lic #: _____

HOUSESTAFF DEA#: AM1472579 _____ DPS#: 10046768 _____ State Lic #: _____

FACULTY HOUSESTAFF/RESIDENT Military Rotator (_____ to _____)

ALLIED HEALTH W/ PRESCRIPTIVE AUTHORITY

Visiting Medical Student (_____ to _____) Authorization letter from UT Registrar's office must be attached.
Requests without authorization will be rejected.

Contract/temporary (_____ to _____)

Researcher or Research Monitor (_____ to _____) for IRB# _____

AUTHORIZATION:
(DIRECTOR/SUPERVISOR)

PRINT: _____
NAME TITLE

SIGNATURE: _____

E-MAIL ADDRESS FOR NOTIFICATION: _____
(not required if your email is @uhs-sa.com)

Have any questions? Call Data Security at 358-0640. You can scan and email completed access requests to DataSecurityScannedRequests@uhs-sa.com, fax them to 210-702-4010.
Rev. 08/09

**INFORMATION ACCESS REQUEST FORM
REMOTE ACCESS REQUEST FORM**

(Must be accompanied by the Information Access Request Form Coversheet)

Remote Access may be provided to exempt employees, physicians with active UHS privileges, and contracted users outside the Health System when applicable.

To ensure compliance with time and labor procedures, non-exempt UHS employees require Vice President approval to access UHS applications at non-UHS facilities. Non-exempt employees approved for remote access may use the remote access only during approved business hours and only for the reason documented below.

REASON FOR ACCESS (required for non-exempt UHS employees): _____

USER'S NAME: _____ exempt non-exempt

LOGIN ID: _____

SUPERVISOR'S SIGNATURE: _____

Please select the applications you are requesting remote access to:

Citrix Remote Access

Connect To My PC

AirWatch MDM

Vice President Signature: _____

(Required for non-exempt employees. Please obtain signature prior to submission to Data Security)

FOR OFFICE USE ONLY:

DATE COMPLETED: _____

COMPLETED BY: _____