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**

☐   **AirWatch MDM**

☐   _____

Vice President Signature: _____
(Required for non-exempt employees. Please obtain signature prior to submission to Data Security)