

Name:	Person being replaced:
Department & Supervisor's Name:	
NetID and Phone Number:	
Supervisor's Net ID & Title:	Supervisor's Phone Number:
Classification: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Temporary Employee/Other	
Type of Request: <input type="checkbox"/> New Account <input type="checkbox"/> Modify Existing Account <input type="checkbox"/> Delete Account	

Please print. Please complete the information above, read and sign the Confidentiality Agreement below, and submit the form to your supervisor for signature. Supervisors should send the form to the respective Campus Finance Office for authorization.

Type of Access Requested: <input type="checkbox"/> Cashiering <input type="checkbox"/> Web Departmental Deposit

Confidentiality Agreement:

Individuals who have been granted access to any part of the TouchNet system must understand and accept the responsibility of working with confidential records. The following rules apply:

- You must use only your own account. When access to an additional office is needed, you may request it through your supervisor and Campus Finance Office.
- You are responsible for any data that is accessed, changed or retrieved using your account.
- You are required to keep your password confidential.
- You may only access those records for which you have authorization that are in the scope of your assigned responsibility.
- You may not view, print, copy, update, or disclose data for non work-related reasons, including curiosity, even if your permissions allow such access.
- You are responsible for adhering to all policies and regulations governing confidential data, including but not limited to: [Georgetown University Computer Systems Acceptable Use Policy](#); [Georgetown University Information Security Policy](#); Records Retention Policy.

Individuals using the TouchNet System are subject to having all of their activities on this system monitored and recorded by system personnel. Anyone using this system expressly consents to such monitoring. Misuse of the system, may result in loss of access and/or be subject to disciplinary action by the University. Be advised that if monitoring reveals possible evidence of criminal activity, the University may be required, upon request, to provide records to law enforcement officials.

By signing this form, I agree to abide by the terms and conditions as stated above.

Employee's Signature:
Date:
Supervisor's Signature:
Campus Finance Officer Signature: _____ Date: _____

Following is for Office of Billing and Payment Services Use Only

User Name: _____ **NetID:** _____

Business Office

<input type="checkbox"/> Office of Billing and Payment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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User

<input type="checkbox"/> Reporting User	<input type="checkbox"/> Web Departmental Deposit User
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Data Steward Name: _____

Signature: _____ Date: _____

To be completed by the Data Steward