



**SAN FRANCISCO
STATE UNIVERSITY**

ACCOUNTS PAYABLE DEPARTMENT
1600 Holloway Avenue – ADM351
San Francisco, CA 94132

**IMAGING SYSTEM
ACCESS REQUEST FORM
(Form must be typed)**

APPLICANT INFORMATION

First Name

Last Name

SFSU ID

Job Title

Email Address

List the DEPT ID's which the user is being authorized to access:

I certify that I have read and understood the computing Ethics and Security document (located at <http://www.sfsu.edu/~helpdesk/docs/rules/ethics.htm>) and agree to abide by the practices stated therein. I certify that the proposed use of the SFSU Imaging System is justified by the programs of the California State University system. Penal code Section 502 states that it is a criminal offense to intentionally access, or cause to be accessed, any computer system or application for the purpose of:

1. Maliciously accessing, altering, deleting, damaging, or destroying any computer system/network, or
2. Devising or executing any scheme or artifice to defraud or extort, or
3. Obtaining money, property, or service with false or fraudulent intent, representation, or promise.



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I certify that I have been oriented regarding the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including information/data that is accessible through oral, written, or electronic means including data that is accessible through the CMS-PeopleSoft Human Resource System, Financial Management System and the SFSU Imaging System.

I understand that I am being granted access to this information/data based on my agreement to comply with the following terms and conditions:

- I will comply with state/federal laws and University policies that govern access to and use of information contained in employee, applicant, student, vendor and university records, including information that is accessible through oral, written or electronic means
- My right to access information is strictly limited to the specific information/data that is relevant and necessary for me for me to perform my job-related duties
- I am prohibited from accessing information that is not relevant and necessary for me to perform my job-related duties
- I will be a responsible user of information, whether it relates to my own or another's unit
- I will store information that I obtain under secure conditions
- I will maintain the privacy and confidentiality of the information that I obtain
- I will make every reasonable effort to interpret the information I obtain in an accurate and professional manner and will not modify or delete information unless authorized to do so
- I will ensure that the recipient is authorized to receive information and understands his/her responsibilities as a user before sharing information/data with others by any means
- I will sign off the automated system when I am not actively using it
- I will keep my password(s) to myself and will not disclose it (them) to others
- I will store and secure confidential/sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using it
- I will dispose of confidential/sensitive information/data in a manner that will preserve its confidentiality when I have finished using them

I understand that if I misuse personal information/data/electronic systems that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

Signature of Person Requesting Access _____ Date _____

Signature of Dean, Director, Dept Head _____ Date _____

Approver's Name (PRINT) _____

* Please submit the completed form to Joey Bondoc - Imaging Control Coordinator