

# System Access Request Form

All members of the UCSF workforce, whether salaried or non-salaried, are required to complete HIPAA privacy and information security training. This includes faculty, staff, students, volunteers, and visitors.

**Users must complete HIPAA training before access is granted** (Excludes remote users of RDS/Keeptrack)

## General Information

Request Date:

User's name: \_\_\_\_\_ New user: Yes No

Is this for Keeptrack access for a user at a remote site? Yes No

Department/Project:

## Affected Servers (if known)

## Access description (check all that apply)

Network logon	Email Account	SQL Access	Shared Calendar Access
Add Access	Remove Access	Modify Access	
Read	Write	Update	

## Requestor Comments

## Supervisor/Manager Authorization

Printed Name:

Signature: \_\_\_\_\_

*Your signature certifies that user has completed HIPAA training where applicable*

## For Account Administrator Only

Username/Initial Password: \_\_\_\_\_/\_\_\_\_\_

Date completed: \_\_\_\_\_

Notes:

Signature: \_\_\_\_\_

*Note to Account Administrator: File by project or department, as appropriate.*

SOP N02