



**GENERAL OPERATING REVENUE AND EXPENSE BUDGETING  
SECURITY AUTHORIZATION/REQUEST FOR DELETION**

**Return completed forms to RAPS Help Desk, Campus Box 1110**

This form grants access to use the RAPS General Operating Revenue and Expense application and the data which can be accessed. Please fill in / check all that apply below.

**Part A. Requester Information**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Box: \_\_\_\_\_

Dept Name: \_\_\_\_\_ Dept No: \_\_\_\_\_

Please select reason for request:     New     Change     Addition     Deletion

Functional Data Access:             View Only             Update/Submit

*In order for your request to be processed you will need to establish your WUSTL KEY. You will need a WUSTL KEY to access RAPS. Go to <https://connect.wustl.edu> to establish your WUSTL KEY prior to submitting this security form.*

**Part B. Data Access (Organization or Department Number required)**

Organization	Name
<b>Business Unit</b>	_____
<b>Schools/Admin Areas</b>	_____
<b>Reporting Unit</b>	_____
<b>Division (Med School)</b>	_____
<b>Section (Med School)</b>	_____

**Department Number**

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Department-Fund (Optional)**

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Part C. Department Approval**

I certify that the above named individual requires the specified access to the RAPS system for the purpose of reporting checked in Part B above, and that such access is appropriate in the conduct of his/her job responsibilities.

Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Head (Printed) \_\_\_\_\_ Title (Printed) \_\_\_\_\_



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**Part D. Requester Security and Privacy Statement**

I certify that my position at Washington University requires access to the requested system as stated on this Security Authorization form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

- Information Security Policy, located at <http://www.wustl.edu/policies/infosecurity.html>,
- Computer Use Policy, located at <http://www.wustl.edu/policies/compolicy.html>,
- Guide to Legal and Ethical Use of Software, located at [http://www.wustl.edu/policies/use\\_sw.html](http://www.wustl.edu/policies/use_sw.html),
- Student Records Policy, located at <http://aisweb.wustl.edu/registrar/ferpa.nsf/pages/ferpa>.

To ensure the privacy and security of University data, I will:

- Access, distribute and share all University data only as needed to conduct campus business as required by my job.
- Respect the confidentiality and privacy of individuals whose data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Immediately report to my supervisor any and all security breaches.
- Comply with all department and campus IT and business process security policies and procedures, including proper and timely destruction of documents and/or files containing sensitive data.
- Protect and secure data on portable devices; e.g., laptops, thumb drives, CDs.
- Change my password on a periodic basis, as required.
- Contact the appropriate personnel to have my access revoked upon transfer to another department within the University or termination of my employment with the University.

I will not:

- Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to University data or computing systems.
- Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s) without departmental review.
- Leave my workstation unattended or unsecured while logged-in to critical functions or sensitive information.
- Use or allow other persons to use University data or software for personal gain
- Make unauthorized copies of University data or software.
- Engage in any activity that could compromise the security or confidentiality of University information services.
- Place data or programs on University computers which are not required for my job function. All data and programs must be ones for which the University has the right for use by law or license.

I have read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Requester Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions about any of these terms and conditions, contact your school, department, or unit system manager. You may contact the RAPS Support Group by e-mail at [raps@wustl.edu](mailto:raps@wustl.edu), or by phone at 935-3890.