## **Request for UB InfoSource Account**

all communications of InfoSource issues and notifications. MΙ Title Last Name First Name Department **Department Address** Campus Telephone Number E-mail Address UB IT Name Find UB IT Name Person Number (Number on UB SUNY Card) Briefly describe the reason for your request: Your request will be processed and you will be contacted via e-mail when your account has been established. For each data subject area for which you may wish to obtain access, an email message must be sent directly to the responsible data trustee for that area. For complete instructions, go to Requesting data access for UB InfoSource from Data Trustees. **Departmental Approval:** I have reviewed this request for Access to UB InfoSource and I support this staff member's request. **Department Head** Title Date Department Head Signature User Agreement: I agree to utilize UB InfoSource for business purposes only. I understand the confidential nature of the data and will not disclose or use it for personal gain. I have read and will abide by the terms in the <u>IT Policies</u>. Title **User Signature** Date

Complete this form to request an account for UB InfoSource. Please attach this form in an email to <a href="mailto:ubinfosource@buffalo.edu">ubinfosource@buffalo.edu</a>. All accounts include a subscription to a project LISTSERV which is used for