

**CARDINAL TICKE TRAK
VIRGINIA STATE UNIVERSITY
ACCOUNT REQUEST FORM
UNIVERSITY TICKETING SYSTEM**

APPLICANT INFORMATION (PRINT CLEARLY)

Full Name (Last, First, Middle Initial) _____ VSU E-mail Address (if unknown leave blank) _____

Department _____ Title _____

Location (Building & Room Number) _____ Telephone & Fax Number _____

Status: Faculty Staff Student Contractor Other (please specify): _____

All Short-Term/Temporary Access (**DATES REQUIRED**): Start Date _____ End Date _____

ACCESS/INQUIRY REQUESTED

Account Type	Access	Inquiry	Deletion	Description
ARCHIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEFAULT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CUSTOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FINANCIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OWNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TICKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SCOFFLAW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COMMUNICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COURT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EXPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOLDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REPORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
APPEALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REASON FOR THE REQUEST:				

AUTHORIZATION

By signing this form, you agree to comply with Virginia State University's IT Security Policies and to ensure that least privileges are authorized for the user to perform his/her job responsibilities. VSU Policies can be reviewed at <http://www.vsu.edu/faculty-and-staff/human-resources/policies.php>. **Failure to fully complete this form—including all required approval authorizations—may delay processing of your account access request.**

Applicant Signature: _____ Date: _____

Supervisor Name (PRINT): _____

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Supervisor Signature: _____ **Date:** _____

Data Owner Name (PRINT): _____ **Date:** _____

Data Owner Name (Signature): _____

System Owner (PRINT): _____

System Owner Signature: _____ **Date:** _____

**Completed form may be faxed to 524-5228, mailed to Box 9090, or hand-delivered to
Room 316 in Trinkle Hall.**

NOTE: You are instructed not to loan or give your ID and password to anyone under any condition. The security system records are all sensitive transactions and you will be held liable for any infractions logged by your operator ID and password. Failure to follow these instructions will result in the strictest enforcement of the penalties allowed under the Employee Standards of Conduct and/or the laws of the Commonwealth of Virginia.