



Instructions: Complete sections 1-4, if completing this form you must have a Secure Access | Security-Exception Request form on file. The form can be found at the following link: [ICT-Secure-Access-Security-Exception-Request.pdf](#). Scan and e-mail the completed form to security\_admin@nmsu.edu , or fax to 8 646-2699 (fax must be dialed as 8 646-2699 even if on campus). You will be contacted when access is in place. Access privileges granted herein will be reviewed twice yearly.

**SECTION 1: REQUESTOR INFORMATION**

Date (mm/dd/yyyy): \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Employee Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Aggie ID: \_\_\_\_\_ Employee Department: \_\_\_\_\_

**SECTION 2: REQUEST DETAILS**

**DARS**  
 USR\_DEFAULT\_DARS\_USER  PBAN  UBAN  DBAN  
 USR\_DEFAULT\_NMSU\_DAR\_REPORTS  PBAN  UBAN  DBAN  PODS  UODS  DODS  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 University Registrar

**Enterprise IT**  
 USR\_DEFAULT\_NMSUDEV  DBAN  DODS  
 USR\_DEFAULT\_NMSU\_Q  PBAN  UBAN  DBAN  PODS  UODS  DODS  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director, Enterprise Application Services

**Facilities Services**  
 USR\_DEFAULT\_FMAX\_REPORTS  PBAN  UBAN  DBAN  PODS  UODS  DODS  
 USR\_DEFAULT\_FMAX\_DEVELOP  PBAN  UBAN  DBAN  PODS  UODS  DODS  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Financial Systems Administration

**Financial Aid**  
 USR\_DEFAULT\_NMSU\_FINAID\_Q  PBAN  UBAN  DBAN  PODS  UODS  DODS  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director, Financial Aid

**PeopleAdmin**  
 USR\_DEFAULT\_NMSU\_PADMIN\_Q  PODS  UODS  DODS  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Asst VP for HRS

**Student Disability**  
 USR\_DEFAULT\_DISA\_Q  PBAN  UBAN  DBAN  PODS  UODS  DODS  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 University Registrar

**Reason for access:**

**SECTION 3: REQUESTOR SIGNATURE**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor

**SECTION 4: OFFICIAL APPROVAL**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chief Information Security Officer  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Chief Information Officer