VISTA Access Authorization Form

Name (PRINT)_____ Employee ID#_____

Title _____School/Dept. _____

Phone_____E-mail _____NetID _____FASIS ID _____Campus _____

Which department(s) will you require access to? (You should fill in the department IDs. If you need more room, attach a separate sheet of paper with a list of department IDs). If you are an FASIS user, your VISTA departmental access will be identical with your FASIS access.

6-Digit FASIS Dept. #	FASIS Department Name	6-Digit FASIS Dept. #	FASIS Department Name

If requesting to be set-up exactly like another Vista User(s) in your dept/group, who is/are the other User(s)?_____

Do you replace a VISTA user who left the department? If yes, what is the separated employee name?_____

If requesting access to Admin Unit & NUFinancials Chartstrings, please list them here. If this space is insufficient, please attach a separate sheet.

Admin Unit	Financial Department	Project	Admin Unit	Financial Department	Project

Please, provide access to the below listed FASIS reports:

Report ID	Report Description	Report ID	Report Description

Statement of Agreement

- I will not seek personal benefit or permit others to benefit personally from information contained in the VISTA Plus
- I understand that some of the information in FASIS falls under the guidelines of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I have read and understand the Northwestern University Security Policy on Electronic Protected Health Information governing HIPAA regulations. **I have attached my duties that require access to protected Health information.**

I HAVE READ THIS STATEMENT OF AGREEMENT FULLY AND UNDERSTAND THAT ANY VIOLATION OF THIS AGREEMENT IS CAUSE FOR IMMEDIATE DISMISSAL OR OTHER APPROPRIATE DISCIPLINARY ACTION.

_____
APPLICANT'S SIGNATURE **DATE**

_____
SUPERVISOR'S SIGNATURE **DATE**

_____
HUMAN RESOURCES APPROVAL **DATE**

_____
SCHOOL ADMINISTRATOR'S SIGNATURE **DATE**

_____
SCHOOL ADMINISTRATOR – PRINT NAME

APPLICANT'S, SUPERVISOR'S AND SCHOOL ADMINISTRATOR'S SIGNATURES ARE MANDATORY.
NOTE: Forms that do not have all the requested duties and signatures will not be processed until a form with all signatures in original is received.

Please mail (**DO NOT FAX**) the completed form to Chris Tondini, FASIS, 1800 Sherman, Suite 600, Evanston Campus.
Questions? Call (847) 467-4800 or email fasishelp@northwestern.edu.

FOR FASIS USE ONLY, updated 08/14/2011
Received date_____ **Assigned by/Date**_____