



COGNOS ACCESS REQUEST FORM

Information Technology Services (ITS) | Application Services | P: (210) 784-3000 F: (210) 784-3010 | helpdesk@tamusa.edu

Cognos Access Request

Select One Type of Access

Report Writer Access

Folder Access

Purpose: The purpose of this form is to request 1) Report Writer Access -or- 2) Folder Access. Please select the appropriate access above. If you have any questions, please contact IT Application Services at (210) 784-3000 or email helpdesk@tamusa.edu.

User Information

First Name: _____ Last Name: _____
Active Directory Username: _____ Job Title: _____
Work Email: _____
Department: _____

Access Information

Add New User

Modify User Access

Terminate User Access

Folder Access

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> A/R Comm. (AR) | <input type="checkbox"/> Course Information (ST) | <input type="checkbox"/> Financial Aid Comm. (FA) | <input type="checkbox"/> Inst. Research Comm. (IR) |
| <input type="checkbox"/> A/R Staff (AR) | <input type="checkbox"/> Enrl. Mgmt. Comm. (ST) | <input type="checkbox"/> Financial Aid Staff (FA) | <input type="checkbox"/> Inst. Research Staff (IR) |
| <input type="checkbox"/> Admission Comm. (ADM) | <input type="checkbox"/> Enrl. Mgmt. Staff (ST) | <input type="checkbox"/> Grad. Info. Comm. (ST) | <input type="checkbox"/> Student Info. Comm. (ST) |
| <input type="checkbox"/> Admission Staff (ADM) | <input type="checkbox"/> Registrar's Office (ST) | <input type="checkbox"/> Grad. Information (ST) | <input type="checkbox"/> Student Info. Staff (ST) |

Data Owner Approval

(AR) Accts. Receivable Dir: _____ (FA) Financial Aid Dir: _____
(ADM) Admissions Dir: _____ (IR) Inst. Research Dir: _____
(ST) Registrar: _____

User Acknowledgement & Approval

By signing the form below, I formally acknowledge that I will comply with the security policies and procedures of Texas A&M University-San Antonio. I understand that information resources residing at Texas A&M University-San Antonio are strategic and vital assets belonging to the people of Texas. I understand that I am accountable for all actions conducted by me and under my user credentials.

Signature of User Requesting Access

Date

Signature of Users Supervisor

Date