SCHOOL OF MEDICINE
University of California, San Francisco

Account Creation Form

Revision B

Dean's Office
Information Services Unit
Issue Date: 1/4/2005
Last Revision: 2/3/2009

The purpose of this form is to provide information to create logon accounts and provide access to UCSF electronic resources. Requests will be accepted only from Department Managers/ CSCs on file with ISU. By sending this form via email (isurequest@medsch.ucsf.edu) you are approving this activity. Please allow 3 business days for processing.

SECTION 1: REQUEST TYPE

☐ New Request ☐ Add or Change to existing User Account. Provide login ID: _____

SECTION 2: SUBMITTER AND USER IDENTIFICATION

Submitted by: _____
Last Name First Name Phone

Requested for: _____
(User) Last Name First Name Middle Initial Phone

Department:_____Work Site (Bldg/Rm):_____

Hiring Supervisor/Manager:_____ Start Date:_____

ACCOUNT USAGE: ☐ Employee (Employee ID is required _____

☐ Temporary Appointment *

☐ Consultant or Vendor *

☐ Other * (Please Specify)_____

*Account Deactivation Date Required: _____

SECTION 3: ACCOUNT ACTION REQUESTED

☐ Create New Domain (SOM) Login: Place an "X" next to the desired resources below.

☐ Email

☐ **I** Drive (Individual)

☐ **S** Drive * (Shared: Workgroup, Lab, Division) Primary Group name_____

Secondary Workgroup name_____

☐ **U** Drive * (Universal Dept)

☐ **HIPAA** Drive * (ePHI Data) HIPAA Workgroup name_____

*** Important! If this account has access to sensitive data, please also fill out a Request for Access to Sensitive Data form. Examples of sensitive data include:**

☐ Personal/Confidential ☐ Financial ☐ HIPAA (ePHI) ☐ SB1386