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Today's Date: _____			
Information System:	InfoEd - Storrs/Regional Campuses TOPAZ Elements	InfoEd - UConn Health Other (please specify): _____	
Access Requested:	New Access Other (please specify): _____	Revised Access/Additional Permissions	Delete Access

Applicant Information

Name (Last, First Middle Initial):	UConn NetID (e.g. abc12345):
Department/School Name:	University Email Address:
Telephone Number:	UBox/Mail Code:
Campus: Storrs Farmington Avery Point Greater Hartford Stamford Torrington Waterbury Law Social Work Graduate Business Learning Center	
Primary University Affiliation Type: (check only one) Faculty Staff Graduate Student Undergraduate Student University Affiliate Postdoc/Resident	
Enter a brief description of the data/resources that are being requested:	
Provide a business justification for access to the requested data/resources:	

Name of Requestor (if different from Applicant above)

Name (Last, First Middle Initial):	UConn NetID (e.g. abc12345):
Department/School Name:	University Email Address:
Telephone Number:	UBox/Mail Code:

Authorization

I understand that the data contained in the Office of the Vice President for Research (OVPR) information system is confidential. The access I am requesting or am requesting for the applicant is to be used in performing my/his/her job duties and responsibilities. I agree that the account username and password will not be shared and that the applicant is responsible for any access logged against the account. In using this account, the applicant will follow the policies and procedures of the University. I understand that the OVPR reserves the right to terminate access at any time without notice. If the applicant terminates employment with the University or my department, I will notify the OVPR eRA Help Desk at eRA-support@uconn.edu to delete my/his/her access.

Print Name of Requestor or Applicant

Signature of Requestor or Applicant

Date

Print Name of Supervisor, Director, Dept Head, or Dean

Signature of Supervisor, Director, Dept Head or Dean

Date

FOR OFFICIAL OVPR USE ONLY

Date Received: _____

Action By (initials): _____

Date Completed/User Notified: _____