

Request for Authorization for Local Administrator Rights

In accordance with CSU and CSUSB Information Security Policies and Standards, all requests to have local administrator rights are required to have prior approval and must be reviewed annually.

All University employees, including auxiliary employees are subject to this approval process in order to acquire local administrator rights on the university owned equipment including workstations or laptops assigned to them.

University employees whose job duties require administrator rights in order to perform the functions and responsibilities of their position are not required to submit this form. However, their supervisor must maintain a record of the employees who have administrator access.

Granting local administrator access to systems that process, store, transmit or connect to Level-1 data is not recommended.

STEPS:

1. The requestor must first complete the required training listed below.
2. Complete the Request for Authorization for Local Administrator Rights.
3. Submit the request to their immediate supervisor/department chair for review.
4. Approved by the corresponding Dean/VP/Administrator/MPP.
5. A copy of the approved request should be sent to the Information Security & Emerging Technologies Office (PL-2006)
6. The original is maintained and reviewed annually by the Department.

REQUIRED TRAINING:

- Skillport – Introduction to Information Security
- Skillport – EDU:FERPA & Protecting Education
- Lynda.com – Computer Security & Internet Safety Fundamentals

****Note – All training may be accessed from the MyCoyote Portal***

I, _____ certify that I have completed the required training, understand the responsibilities associated with becoming a system administrator and will comply with applicable CSU and CSUSB Information Security Policies and Standards. Any abuse or violation of this privilege may result in the revocation of access to local administrative rights.

Requester's Signature:

Date

JUSTIFICATION:

Provide a detailed rationale of why local administrator access is needed.

REQUESTOR INFORMATION:

Requestor's Name

Date of Request

College/Division

Department

Computer Name (Active Directory Identifier)

Workstation Location (Bldg/Room)

REVIEWER INFORMATION:

Reviewer Name (Please Print)

Date

Signature of Supervisor/Department Chair

AUTHORIZED BY:

Authorizer Name (Please Print)

Date

Signature of Dean/VP/Administrator

***Please Note: This authorization should be reviewed annually and be maintained by the department and made available upon request for auditing purposes.**

Review Date/Initials

Revoke Date

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