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Form No. DSA-01 Last				
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## Department Security Administrator (DSA) Authorization Access Request System

Important! Please Read Carefully!

The individual(s) you authorize as department security administrator(s) will have very important responsibilities. Using the Access Request System, DSAs will initiate requests to grant or remove access to administrative computer applications for people in your department, college or division.

Many of these applications contain confidential or sensitive information about UF employees, students or University interests. It is critical that you delegate DSA authority only to key, knowledgeable employees in your unit.

You may choose not to delegate DSA authority. If you elect to serve as a DSA for your department, enter your name and UFID in the DSA section; ask your immediate supervisor to sign the authorization form.

Department Information	
Department, College or Division Name (Please Print or Type	pe Name)
Effective Date (MM-DD-CCYY)	PeopleSoft Department Id
Department Security Administrators (DSA) Information	
UFID	Name (Please Print or Type Name)
Effective Date (MM-DD-CCYY)	Email Address
Signature (All but Delete User Access)	Other Instructions (Delete DeptID, Switch DeptID, Add to Access etc.)
APPROVED BY:	
Signature	Date (MM-DD-CCYY)
News (Please Printer Teachter)	VP Dean Director Chair
Name (Please Print or Type Name)  UFID	Email Address
Telephone #	
For Security Team Use Only	
	O Security Entered O User Notified