

# COGNOS Access Request

## Who can apply?

This application is for Wright State University staff and faculty with an educational interest and need to access information from one or more of the module areas list below. Applicants will need authorization from their Dept. Chair, College Dean, or Dept. Director.

## How do I apply?

1. Print and complete the application below.
2. Have your authorizing official sign the application.
3. Return the signed application to the appropriate office for security authorization with a subject reading "COGNOS ACCESS:"

<u>Module</u>	<u>Authorizing Office</u>
Finance	General Accounting, 322 University Hall
Student	Registrar, E244 SU
Human Resources	Human Resources, 280 University Hall
Advancement	Advancement Services, 108 Allyn Hall
Other	CaTS, 130A Library Annex

CaTS will email you when your access is available.

# COGNOS Access Request

Forward this completed form to the appropriate office for processing.

Campus User ID: W \_\_\_\_\_

Name: \_\_\_\_\_ I am: Faculty Staff Student

Email: \_\_\_\_\_

Dept: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_

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## TYPE OF ACCESS BEING REQUESTED

Please circle the module(s) that are required in your position:

FINANCE    STUDENT    HUMAN RESOURCES    ADVANCEMENT    OTHER

Please describe the type of information you require in your position:

\_\_\_\_\_  
\_\_\_\_\_

I agree that I will use the information obtained from COGNOS for authorized purposes required by my position and that I am responsible for any action taken through the use of my account. I understand any unauthorized use will result in the loss of my account. By signing this application, I indicate my understanding and acceptance of the responsibilities as a WSU COGNOS user.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I verify that the applicant for which I am responsible is a WSU faculty/staff/ student employee and has a legitimate business need to access the information available through COGNOS.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## DO NOT WRITE BELOW THIS LINE - Reserved for Security Authorizers

Type of access granted: \_\_\_\_\_

Access granted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_