Cayuse/REDCap Account Application



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Please read and fill out the highlighted field Return the form by uploading it to the secu		
Type of account request (check one)	ne mina ssiv is regained so out it set	WSU username, if known
☐ New/Initial Yes ☐	No Have you ever been a WSU studen	it or employee?
Reactivation Did you go by a different name while attending WSU?		
Last Name	First Name	Middle Name
Last Name		
Reason for Access: (check all that apply)	Applicant's Email Address	Cellphone Number
Cayuse Access		
□ SFI Disclosure		(used for password reset
☐ Proposal/Grant	Who directed you to request acc	race?
☐ Human Subject Research	who directed you to request acc	
☐ Miami Valley Hospital		
☐ Atrium Medical Center		
☐ Other organization (specify):	Other (Name):	
	Other (Email address):	
☐ IRB committee member		
☐ Animal and/or Biosafety Researcher	**The following MUST be completed	for new/initial applications.
☐ Animal/Biosafety Committee member		
REDCap Access	Soc. Sec. Number	Ethnicity Gender Date of Birth
REDCap	Research and Innovation	217300
Name of WSU sponsor/collaborator:	Campus Location	
	Campus Location	Org. U.S. Citizen? y/n
Legal Responsibilities: The purpose of this statement is to inform you of your legal Your account is to be used only for authorized use. All used commercial use, and unauthorized use or misuse (game placesult in the loss of your account and charges being brough sharing of accounts and passwords is strictly prohibited. Furthers://policy.wright.edu/policy/11210-responsible-use-unit	rs must be registered with Computing and Teleo laying, unauthorized use of files, any form of pe nt against you through an appropriate University or acceptable use guidelines for campus compu	communications Services. Frivolous applications, rsonal harassment, etc.) are prohibited and could office. Your account(s) is (are) for your use only;
Your account will be activated for three (3) years. You may fill out this form again to renew access for an additional three (3) years. Password resets will be done only in person, with a government issued identification card (example: driver's license). If this is not possible, please contact the CaTS Help Desk.		
I have read, understand, and accept the above responsi Telecommunications Services policies and conditions	bilities as an account holder, and I agree to co	omply with these and all WSU Computing and
Applicant's Signature and Date: Electronic signature is preferred		
For RSP use only: Reason for Request:	infoEd &/or REDCap user. CAMPUS Ac	ccount with email, and general VPN required
REDCap Authorization: (WSU Sponsor)		
Begin and End dates: Begin:	End:	
A 41		
Authorizing Signature:		
Dr. Madhavi Kadakia,	Ph.D., Vice Provost for Research	937-775-3336
Contact and Title		Phone number