

Faculty Expertise and Advancement System DELEGATE REQUEST FORM

EMPLOYEE ACKNOWLEDGEMENT: *I acknowledge that I occupy a position of special trust with duties that will bring me into contact with information or information resources that are of value to The Florida State University and that require protection. I further acknowledge that I am required to uphold the policies and procedures adopted to safeguard the information and associated resources that may be entrusted to me or with which I have contact. I agree to report violations of policies or procedures to my supervisor, the Information Security Manager or other person designated the responsibility for handling security violations. Further, I agree to protect my User ID and related passwords from unauthorized use at all times and understand that activity logged to my User ID is my responsibility.*

I acknowledge misuse of this authority could lead to disciplinary or criminal action.

DELEGATE CONTACT INFORMATION

First Name: _____ Last Name: _____
Department: _____ College: _____
FSUID: _____
Email Add. : _____

DELEGATE ACCESS INFORMATION

****List the Individual(s), Department(s) or College(s) for which you request delegate access in the line below****

Individual(s), Department(s) or College(s): _____

Comments:

EMPLOYEE

Signature: _____ Date: _____

DEPARTMENT SECURITY COORDINATOR

Printed Name: _____ Signature: _____ Date: _____

ACADEMIC DEAN or DEPARTMENT CHAIR

Printed Name: _____ Signature: _____ Date: _____

Please fax or mail this form to:

Tiffany Phillips
Office of Faculty Development and Advancement
115 Westcott
fda-faculty-awards@fsu.edu
MC: 1481
(FAX) 850.644.3375 - ATTN: Tiffany Phillips

Print Form