



Facility Security Authorization Form

**Minnesota
STATE COLLEGES
& UNIVERSITIES**

Name: _____ New User Change to an Existing User
 (Please Print)

Position: _____ User ID: _____

Institution: _____ E-Mail Address: _____

Authorized Signature: _____ Date: _____

Remarks: _____

**Choose one from each group: Add or Delete AND H, M, or L

Definition of Add and Delete below:

Add = adds the specified right to the user ID **Delete** = removes the specified right from the user ID

Definition of the H, M and L suffixes for each of the identifiers is:

H = view, insert, update and delete **M = view, insert & update** **L = view only**

Facilities Main Maint		FC 05	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
FC1001UG	Facilities Main / Room Input						
Fac Building & Project Maint		FC 15	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
FC0500UG	Fac. Individual Proj. Info. (H and L only)	FC1101UG					
FC2007UG	Facility Building Input						
Fac Condition Assessment Maint		FC 20	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
FC0602UG	Assessment Input (M and L only)	FC0603UG					
Facilities Validation Maint		FC 25	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
FC0663UG	Valid FC SubSubsystem Input	FC2004UG					
FC2010UG	Valid FC Manufacturers	FC2011UG					
UT3020UG	Program Error EMAIL Addr (H only)						

Fax to:

Metro Region	Northern (Moorhead) Region	Southern (Mankato) Region	Central (St. Cloud) Region
Voice: 651-201-1442 Fax: 651-917-4731	Voice: 651-201-1442 Fax: 651-917-4731	Voice: 651-201-1442 Fax: 651-917-4731	Voice: 651-917-4733 Fax: 612-626-5450