



MnSCU Security Authentication Form

**Minnesota
STATE COLLEGES
& UNIVERSITIES**

Institution Name: _____ Campus Location: _____

Module(s) : Select From List Of Modules On Following Page:

Check ADD

- if you are adding an additional authorized signature to an existing module
- if it is a new module

Check Delete

- if you are removing an authorized signature

Name of Person Authorized to Approve Rights for the Selected Module(s): _____
(Please Print)

Signature of Person Authorized to Approve Rights for the Module: _____

Date: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Form Approved By:

Name: _____ Signature: _____
(Please Print)

Date: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Note: Send the original copy of this form to the Regional Computer Center for your institution. A list of the institutions within each region can be found at <http://www.its.mnscu.edu/regcenter>. See ITS Security Procedure 6.002 Application System/Data Warehouse Authorization at www.its.mnscu.edu, Policies and Procedures.

**Mail Original to:
Minnesota State Colleges and Universities
Attn: Security Administrator
Wells Fargo Place
30 7th Street East, Suite 350
St. Paul, MN 55101-7804**

