



# Training Central Security Access Form

ROUTING  
CLPD-TC, MSC 3TD  
trainingcentral@nmsu.edu  
Phone 646-7444  
Fax 646-7372

**Instructions:** Type or print employee information. Fill in applicable sections for requested security access. The employee will be required to complete mandatory training in accordance with Training Central Security Access Policy prior to access being granted. Keep a copy for your files and **forward original form to CLPD-TC, MSC 3TD**. If assistance is needed to complete the form, please contact 646-7444.

## SECTION 1: EMPLOYEE INFORMATION

Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_  
Department \_\_\_\_\_ Aggie ID \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

| Delete All?                            | Domain |        |  |
|--|--------|--------|--|
| Instructor:                            | Add    | Remove |  |
| Registrar:                             | Add    | Remove |  |
| Catalog Admin/Catalog Admin Fix:       | Add    | Remove |  |
| Content Admin:                         | Add    | Remove |  |
| Help Desk:                             | Add    | Remove |  |
| Domain System Admin:                   | Add    | Remove |  |
| People Admin (justification required): | Add    | Remove |  |
| HR Admin (justification required):     | Add    | Remove |  |
| Cognos Training Reports:               | Add    | Remove |  |

**Special Instructions/Notes:** (include justification for addition of People Admin & HR Admin roles if requested, Domain if not specified in drop-down list and any other special instructions or notes).

## SECTION 3: Signatures

Training Unit Director or Training Unit Domain System Admin  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 4: CLPD Internal Department Use

Training Central Administrator  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

CLPD Director  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |   |
|---|---|
| Training Requirements Completed                       | Date Received _____                     |
| FERPA _____   | Date Completed _____                    |
| Computer & Data Security _____                        |   |
| FSA-RMR Information Session _____                     | Access Granted                          |
| Date Completed _____                                  | Access Denied (Attach Justification)    |
|   | Access Removed                          |
| Added to saba@nmsu.edu email list                     | Removed from saba@nmsu.edu              |
| Send Cognos Access changes to security_admin@nmsu.edu |   |
| Add to Cognos training_admin group                    | Remove from Cognos training_admin group |
| Add to Cognos training_user group                     | Remove from Cognos training_user group  |
|   | PRINT                      RESET        |