ARIES* TWARBUS
Security Access Form

Return form to: Financial Systems Services, 555 S Howes St 3rd Floor, or 6003 Campus Delivery

User Name (Last, First, MI)		User CSU ID
Campus Address	Campus Phone	User EID
Dept # and Name	E-mail Address	

Requested Action: (choose one):

- ○ Add New User
- ○ Delete Existing User
- ○ Modify Existing User

Type of transactions that will be posted (please be as specific as possible):

_____

_____

_____

You will be given access to enter transactions for KUALI Accounts in your home department. If you require access to other KUALI Funds, list them below and obtain approval and **signature** of the fund owner(s).

☐ KUALI Account: _____ (Fund) _____ (Fund Owner Signature) _____ (Date)

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Information maintained in the ARIES Accounts Receivable system is intended for official University use. Release of computer account numbers, passwords, or other information to unauthorized users is a violation of University policy. You are responsible for the following:

- ☐ Using account and student information for authorized activities only. Personal use of ARIES information is not authorized.
- ☐ Proper use of passwords. Even within a department or office, passwords may not be shared unless specifically authorized. Do not write account numbers and passwords in documentation, memos, or other documents which may be in public view.
- ☐ Logging off the system when not in use so unauthorized personnel do not have access to the system.
- ☐ Knowing what information may be released and to whom following the Family Educational Rights and Privacy Act (Buckley) guidelines. (See "Student's Educational Record" section of the *CSU General Catalog*.)
- ☐ Removing financial holds, if authorized, only when account analysis supports this action.
- ☐ Contacting your supervisor or the ARIES Accounts Receivable security administrator if you know of unauthorized use of any kind.

The access I am requesting is for my use in performing my job duties and responsibilities. I agree that my access codes and password will not be shared, and I am responsible for any accesses logged against my user ID. In using my access to ARIES, I will follow University policies and procedures. I understand that misuse will result in revocation of my ARIES access without notice and may be grounds for legal action.

_____ _____
User Signature Date

_____ _____ _____
Supervisor Signature Date Supervisor Name (Print)

_____ _____ _____
Department Head Signature Date Department Head Name (Print)

Revised 2/3/2014

For Accounts Receivable Operations Use Only

ARIES User ID: _____ User Name: _____

☐ Restricted User
☐ Supervisor

User Department: _____

_____ _____
Created by Date

User Permissions (TGAUPRF)

Detail Code Category	Permission Type

Detail Code Category	Permission Type

Detail Code Category	Permission Type

Cashier Assignments

Cashier ARIES ID	Cashier Name

Cashier ARIES ID	Cashier Name

TWAUMAP

☐ Responsible Person (FRS Fund Authority)
☐ A/R Person
☐ 3rd Party Transactions
☐ Collection Transactions

○ A/R Approver
○ Student Data Approver
○ None