

SFSEASI SECURITY APPLICATION

Please return completed application to the Customer Support Representative, Office of Student Financial Services, Administrative Support Division, 200 Franklin Building/6270.

NAME _____ UMIS LOGON ID _____

TITLE _____

SCHOOL/DEPT _____ PHONE NUMBER _____

MAILING ADDRESS _____ MAIL CODE _____

EMAIL ADDRESS _____

SIGNATURE _____

SFS EASI APPLICATIONS (Check appropriate box):	TRAINING COMPLETION DATE
<input type="checkbox"/> DEPARTMENTAL GRANT UPDATE Update student award information on Research Assistantships/Fellowships, Teaching Assistantships and Departmental Grants.	_____
<input type="checkbox"/> COMPOSITE INQUIRY View student information for billing, financial assistance, and student loans. Please list the graduate and/or undergraduate schools you will need to access: _____	_____
<input type="checkbox"/> STUDENT ACCOUNT ADJUSTMENTS Update the student billing records with school/department specific transactions. Please describe types of transactions you will be making: _____	_____

FOR SFS USE ONLY

SAM; UMIS LOGON ID Request

CIQ SCREENS: BAD BAM BAS BIO FAD FAS GSL PPS SFS

SFSEASI SUB-SYSTEMS: SAJ BAP DDR MEM

SAJ SUBCODES: _____

AUTHORIZATION _____ **DATE** _____