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| **Name** | **Position/Title** | **CSUS ID #** | **Start Date** | **End Date** | **Signed Confidentiality form on file**  | **Security Awareness/PCI Annual Completion on file** | **Signed Access Request form on file**  |
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| **Name** | **Date** | **Brief Description for Change Log / Annual Review** |
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**Please complete, sign, and return to:**

Bursar’s Office Assigned User (Print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

California State University Sacramento

6000 J Street Mail Stop 6052 Lassen Hall 1001 Responsible Administrator (Print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacramento, CA 95819

Responsible Administrator Signature (Wet only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

916-278-6736 or bursar@csus.edu

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_