

New Account Security and Access Questionnaire

Please complete the following questionnaire to establish your new user account, determine appropriate access levels, and configure security protocols. This form is designed to be printed and filled out manually, or completed digitally prior to printing.

1. Applicant Information

Full Name (First, Middle, Last):

Job Title:

Department / Division:

Contact Email Address:

Contact Phone Number:

2. System Access Requirements

Primary Systems & Applications Required (e.g., ERP, CRM, Shared Drives):

Required Data Sensitivity Level (Enter: Low, Medium, High, or Restricted):

Business Justification for Access Level:

3. Account Security & Verification Questions

Preferred Multi-Factor Authentication Method (Enter: Authenticator App, SMS, or Hardware Token):

Security Question 1 (e.g., Name of your first pet):

Answer to Question 1:

Security Question 2 (e.g., City where you were born):

Answer to Question 2:

4. Authorization and Approvals

Direct Supervisor / Manager Name:

Applicant Signature (Print Name for digital, sign below if printed):

Supervisor Signature (Print Name for digital, sign below if printed):

Date of Submission (MM/DD/YYYY):