



Equipment Module Security Authorization Form

Minnesota
STATE COLLEGES
& UNIVERSITIES

Name: _____
(Please Print)

New User Change to an Existing User

Position: _____

User ID: _____

Institution: _____

E-Mail Address: _____

Authorized Signature: _____

Date: _____

Remarks: _____

Definition of Add, and Delete below:

Add = adds the specified right to the user ID **Delete** = removes the specified right from the user ID

Local Validation Table Maintenance		EQ 01	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
PS2001UG	Valid Department Maintenance			
Equipment Maintenance		EQ 02	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
EQ0005UI	Department lookup/Search			
EQ0007UI	Class Code Lookup/Search			
EQ0111UG	Equipment Maintenance.			
EQ0120UG	Equipment Lookup/Search			
Equipment View		EQ 03	<input type="checkbox"/> Add	<input type="checkbox"/> Delete
EQ0005UI	Department lookup/Search (view only)			
EQ0007UI	Class Code Lookup/Search (view only)			
EQ0111UG	Equipment (view only)			
EQ0120UG	Equipment Lookup/Search (view only)			

Fax To:
Office of the Chancellor
Voice: 651-917-4733
Fax: 612-626-5450