



Resource25 Security Authorization Form

Minnesota
STATE COLLEGES
& UNIVERSITIES

USER INFORMATION:

Name: _____
(Please Print)

User ID: _____

Position: _____

E-Mail Address: _____

Institution: _____

Date: _____

Create New User Account
Note: Do not add this to any existing account this user may have.

Delete Account

IP Address for this user (must check only one box):

Is within the IP range on file

Is static at _____

RIGHTS: CONNECT
RESOURCE

Oracle connectivity rights

AUTHORIZATION:

Requester Signature

Date

Authorized Signature

Date

Fax to:

Metro Region
Voice: 651-201-1442
Fax: 651-917-4731