

# REQUEST FOR DATA ACCESS TO UTBI DATA WAREHOUSE

Use this form to request access to data on the University of Toronto Data Warehouse

**CONFIDENTIAL when completed**

## USE of e-token

Please note that data access to the Data Warehouse requires the use of an E-token. This is a device that looks similar to a flash drive and plugs into a USB port. It contains the authorizations you will need to log into the data warehouse. There is no cost for the e-token. If you already have an E-token, completion of this form would update the authorizations on the e-token to include access to the data you are requesting.

## INSTRUCTIONS

- i. Please fill out all information electronically.
- ii. Complete applicable sections.
- iii. Send the saved and signed copy to the email located to the right.
- iv. Please keep a copy for your records.

**Enterprise Applications and Solutions Integration**  
**215 Huron St., 5<sup>th</sup> Floor**

**Attn.: T. Di Felice**  
**Email: data@utoronto.ca**

## 1. Complete the following information to identify yourself

Name: \_\_\_\_\_  
Last name (Please print) First name Initial

Personnel number: \_\_\_\_\_ UTORid: \_\_\_\_\_

Your job title: \_\_\_\_\_

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## 2. USER PROFILE: Indicate the Subject Areas you require

### Subject area:

Admissions

Student Enrolment

Student Accounts

Retention

Teaching Load

Course Enrolment

HR For HR data please indicate below for which Department/Division access is required. Please note that request for HR information will be vetted by the Office of the AVP, Human Resources.

Department/Division: \_\_\_\_\_

Please note that in some cases UTBI may need to consult with owners of the data for additional approval.

**3. DETAILS**

Please indicate below for what purposes the data will be used:

---

---

---

In addition to the applicant on this form, please indicate the name of any staff who will be accessing or working with the data:

---

---

---

**4. CONFIDENTIALITY STATEMENT AND USER SIGNATURE**

I understand and agree that the information/data I have been authorized to access is considered **CONFIDENTIAL**. Under no circumstances will such information available to me be used, conveyed or discussed by me, unless required in the performance of my duties. Failure to comply with this requirement may result in denial of access and other disciplinary action.

**SECURITY REQUIREMENTS:**  
An E-token device is required.  
Keep your password confidential.  
Never use someone else's password.  
Never share your password with someone else.

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Date*

**5. AUTHORIZATION: Obtain your Department Head's signature of approval**

\_\_\_\_\_  
Department Head's Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Univ. Tel.#

\_\_\_\_\_  
Department Head's Signature

**6. For UTBI/EASI Internal Use Only**