**OFFICE OF THE UNIVERSITY CONTROLLER**

User – ID and Password
Create/Modify/Delete Form

Return to: Ray Tam  
230 West 41st Street  
9th Floor, Room 910  
New York, NY 10036  
Tel #: (212) 397-5657  
Fax #: (212) 397-5680  
Email: Ray.Tam@mail.cuny.edu

*Note: College must make a photocopy for own records.*

<table>
<thead>
<tr>
<th>System(s):</th>
<th>FAS _________</th>
<th>FIS _________</th>
<th>SFA _________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action:</td>
<td>Create__________</td>
<td>Modify _________</td>
<td>Delete___________</td>
</tr>
</tbody>
</table>

User Name: ___________________________________________________  
Phone Number: __________________________

User-ID (5 Letters, Last 2 = Alpha College Code):  
(E.g., George W. Bush – Washington College = GWBWC)

Password: (5-8Alphanumeric)________________________________________________________________________

Mainframe Reports Printer Destination:____________________________________________________________  
(See your systems specialist for print location; will default to XX001 if not specified. Note: XX = Alpha College Code)

College Name:________________________________________________________________________________

College Address: ______________________________________________________________________________

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**FAS (may check more than one)**

- Access All Screens – Except: GAAP and Trust & Gifts Screens
- All Retrieval Screens Only
- GAAP
- OTPS Input and Retrieval
- OTPS Retrieval Only
- Trust and Gifts
- Tuition and Fees and OTPS Retrieval
- Tuition and Fees Input and Retrieval

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**FIS (may check more than one)**

- Central Budget
- Central Data Retrieval
- Central OTPS
- Central P/S
- College Accounts Payable
- College Budget
- College Data Retrieval
- College Payroll
- College Payroll and Budget Combined
- College Purchasing

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**SFA (check only one)**

- Access All Screens
- Display Screen Only
- Bursar Functions
- Prior Year Access
- Voids/Splits and Bursar
- Voids/Splits and Display
- All Screens Except Voids/Splits

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**SFA - Additional Options**

- Direct Deposit Acct. Data — S49
- FWS/IWS Replace Check — S88
- SFA Reports — S70
- R2T4
- SFA - Deduction Source (check one)
- Financial Aid Office
- Bursar’s/Business Office

Authorized Signature:__________________________________   Date:____________     Tel #:________________

(ID Security Coordinator/Supervisor)

Print Name:_________________________________     Email Address:___________________________________

(ID Security Coordinator/Supervisor)                                                        (ID Security Coordinator/Supervisor)

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**FOR OUC USE ONLY**

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<td>Security Level:</td>
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