



Security Gatekeeper New Gatekeeper Approval

This individual has responsibility for ensuring that: Access permission, confidentiality standards and role level access are in accordance with established criteria and have been completed.

I. **Gatekeeper Information:** New Inactivate Effective Date: _____

II. **Employee Information:**

Print Name: _____ CSUN ID: _____ Dept ID: _____

Title: _____ Extension: _____ Mail Code: _____

Email: _____@csun.edu

Employee Signature: _____ Date: _____

Supervising MPP Signature: _____ Date: _____

Supervising MPP's Name: _____

III. **Module Access Requested:**

- | | | |
|---|--|--|
| <input type="checkbox"/> Solar Student Administration | <input type="checkbox"/> Admissions & Records | <input type="checkbox"/> Facilities |
| | <input type="checkbox"/> APDB, Catalog, IR Reporting | <input type="checkbox"/> Financial Aid |
| | <input type="checkbox"/> Campus Community | <input type="checkbox"/> Credential AAWS |
| | <input type="checkbox"/> Student Affairs | <input type="checkbox"/> Schedule of Classes |
| | <input type="checkbox"/> Education PEP STD | <input type="checkbox"/> Student Advisement |
| | <input type="checkbox"/> Educational Opportunity PGM/EOP | <input type="checkbox"/> Student Financials |
| | <input type="checkbox"/> Extended Learning | <input type="checkbox"/> Graduate Studies |

Solar Human Resources

Solar Financials

CMS

LAD

Auxiliary Financials

Residential Management System

Information Technology

Information Security Officer Signature: _____ Date: _____

Print Information Security Officer's Name: _____

Distribution copies will be sent to the Gatekeeper and the Office of the Vice President for Administration and Finance.