



# Datacard Security Authorization Form

**Minnesota**  
STATE COLLEGES  
& UNIVERSITIES

## USER INFORMATION:

Name: \_\_\_\_\_  
(Please Print)

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

User ID: This will be given to you by the Regional Center. (Format Name: DBName\_DC)

E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Create New User Account**

*Note: Do not add this to any existing account this user may have.*

**Delete Account**

**RIGHTS:** SQLSRV  
ISRSUSER  
DATACARD  
ADDRESS\_LOW

ODBC connectivity rights

## AUTHORIZATION:

\_\_\_\_\_  
Requester Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

### Fax to:

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

**Northern (Moorhead) Region**  
Voice: 218-477-5033  
Fax: 651-917-4731

**Southern (Mankato) Region**  
Voice: 507-389-6924  
Fax: 651-917-4731

**Central (St. Cloud) Region**  
Voice: 320-308-2066  
Fax: 320-308-1514