



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: _____

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Create New User Account

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

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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