

**The University of Texas Medical Branch at Galveston
Enrollment Services
Request for Access to the Student Information System (SIS) and QuikCHEK™**

Please complete the following form to request access to the Student Information System. Please print.

Name of new user _____ Date

UTMB Employee # _____ UTMB Telephone Number _____ Name & RACF of person modeling after

Check the school for which you need access:

____ School of Medicine ____ School of Allied Health Sciences
 ____ School of Nursing ____ Graduate School of Biomedical Sciences
 ____ All Schools

Department within the school for which you need access _____

If you already have a RACF (mainframe login) ID, please provide it here: _____
 If you are not certain of your RACF ID, please contact the IS Help Desk at x25200 and ask for your RACF ID number and if it is active. ***** If you do not have a RACF ID, one will be assigned. *****

List three 4-digit passwords of your choice that you will use in combination with your RACF ID to gain access to SIS. The passwords may be any combination of letters and numbers.

Password: ____ Password: ____ Password: ____

Approval of Authorized School/Dept Representative _____ Date

After the completed form is received and processed by Enrollment Services, the ES Trusted Requestor will submit an IRAM to Information Services. Please allow at least 48 hours for processing and completion.

Fax completed form to Enrollment Services, Attn. Robert Lacour, x25056, or mail to Route 1305

Office Use Only:

Mainframe Access: ____ TSTC ____ Production ____ Test ____ Training

User Group: _____	SEC1 School: _____	SEC2 Dept: _____
User Group: _____	SEC1 School: _____	SEC2 Dept: _____
User Group: _____	SEC1 School: _____	SEC2 Dept: _____

TITLE: DM _____
 SIS _____
 DM/SIS _____

ES Approval (signature)

IRAM Initiated: _____ IRAM Completed: _____ User Emailed: _____
Date Date Date