

**Access to Existing Applications:** Please indicate (check all, if applicable) if you have access to any of the application(s):

OEN  
  OnSIS  
  OSN  
  OSYC  
  EDCS  
 If yes, then please provide your User ID:

Please do not fill in the section **Preferred User Name for Log-in** under **1B**, if you have checked any of the application(s) above.

**The information collected in this form is necessary for the administration of secure access to I+IT Cluster applications.**

**SECTION 1A: to be completed by the USER (Print using BLOCK letters).**

Preferred language: English  Français

Prefix  Last name  First name  Middle initial

Title  Organization Name  Organization ID

Work address  City  Province  Postal code

Work telephone #:  Extension  Work e-mail:   
(Note - mail received at this address must be accessible only by you)

**SECTION 1B: to be completed by the USER (Print using BLOCK letters).**

**User Name for Log-in** Your User Name **must be** the first 6 letters of your last name with the first letter in upper case, plus the first 2 letters of your first name with no spaces. (Example: Name: John Smith -- User Name: Smithjo, Robert Johnston -- User Name: Johnstro). Do not include any symbols, special characters or accented characters. Each user must have her/his own user name as it represents a unique ID.

User Name:

**User's Acknowledgment**

By signing below the user agrees to the following:

- A. The code (first-time password) assigned to me is for my use **exclusively** and I will protect and manage it, as per item D on reverse, to prevent its disclosure.
- B. I will notify the I+IT Cluster Local User Authority (LUA) if my password has been compromised.
- C. I will notify the ministry by using this form, if any information provided on this form changes.
- D. I will only access information for which I am authorized to use by my role under relevant application(s). I am responsible for and will maintain the **strictest confidentiality of all** such information.
- E. I will not access I+IT Cluster application(s) through public access terminals including but not limited to terminals at public libraries, Internet Café etc."

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** Following the processing of this form the user will receive three separate e-mails from the ministry. One e-mail will contain the user name and the second will contain the "code." The "code" is the password used for the first log-in. The system will prompt the user to change the password after the first log-in. The third e-mail will contain a snapshot of the user's profile.

**SECTION 2: to be completed by the appropriate authorizer of the application.**

**Step 1 - Please choose an application from the following:**

- USER  
  CSER  
  Dual Credit  
  SHSM  
  LNS YERB  
  Healthy Schools  
  LIBSTATS  
  SODT  
  SSI
- PEFAL  
  CGRT  
  PSED Accountability Report  
 Please identify the PSED report(s) from the following:
- |  |  |
|--|--|
| <input type="checkbox"/> Women's Campus Safety Grant (WCSG)                  | <input type="checkbox"/> Interpreter Fund (IF)                                   |
| <input type="checkbox"/> Summer Experience Program (SEP)                     | <input type="checkbox"/> Ontario Trillium Scholarship (OTS)                      |
| <input type="checkbox"/> Mental Health Innovation Fund (MHIF)                | <input type="checkbox"/> Teacher for the Deaf and Hard of Hearing (TDHH)         |
| <input type="checkbox"/> Ontario Universities International (OUI)            | <input type="checkbox"/> College Equipment Renewal Fund (CERF)                   |
| <input type="checkbox"/> Support for Apprenticeship with Difficulties (SAWD) | <input type="checkbox"/> Northern Ontario Assessment and Resource Centre (NOARC) |

**Step 2 - Please select your request from the following:**

- Add a Role  
  Revoke a Role  
  Update User Information  
  Reset Password

**Step 3 - Role Assignment - Please check one:**

- User (Read only)  
  Coordinator (Add, update & delete)  
  Administrator (Add, update, delete, sign-off)  
  Super User (Ministry IT only)

**Authorizer's Acknowledgment**

By signing below I am authorizing the user named in Section 1 to have the access and role(s) specified above. I also agree to follow the procedure to revoke these privileges when the user is no longer authorized to have this access.

Prefix  Last name of Authorizer  First name of Authorizer  Middle initial of Authorizer

Title of Authorizer  Organization Name  Organization ID

Signature of Authorizer **X** \_\_\_\_\_ Date  Work telephone #:  Extension

Ministry Use Only:	User Name assigned: <input style="width: 100%;" type="text"/>	Date Processed: <input style="width: 100%;" type="text"/>	Initialed: <input style="width: 100%;" type="text"/>
--------------------	---	---	--

---

## INSTRUCTIONS FOR COMPLETING FORM

### A. PURPOSE OF THIS FORM:

This form should be used to make a request for user account to have secure access to I+IT Cluster applications. These applications are subject to appropriate security measures due to the personal and confidential information they contain.

### B. WHO TO CALL FOR ASSISTANCE:

For general questions or additional application related instructions/inquiries, please contact the appropriate person from the list:

- USER
- CSER
- Dual Credit
- SHSM
- LNS YERB
- Healthy Schools
- LIBSTATS
- SODT
- SSI
- PEFAL
- CGRT
- PSED Accountability Reports

### C. THIS FORM TO BE USED FOR UPDATES, REVOKE USER ACCESS AND TO REQUEST A NEW PASSWORD FOR AN EXISTING USER:

If a user has already been granted secure access to any of the indicated cluster applications and there is a need to update their personal information, add or remove an application or role, a new form is required to be submitted.

### D. INSTRUCTIONS FOR COMPLETING SECTION 1:

The user must complete and sign Section 1. Illegibility or incompleteness will delay the processing of this form. The user responsibilities related to accessing the applications are spelled out in Section 1. **The information contained in these I+IT cluster applications is strictly and absolutely confidential and must not be disclosed to unauthorized individuals at any time, for any purpose whatsoever.**

#### i. User Name

A user will be assigned only one user name to access all the applicable application(s).

The user is asked to provide a first and second choice for a user name for the purpose of logging in.

Users should be careful to choose a name that they can remember. Each user name must be unique; therefore it is not possible to guarantee the first choice of user name will be available. If both the requested user names have already been assigned, the first choice with a number appended (to make it unique) will be assigned. Users will be notified by e-mail of the user name assigned to them.

User names cannot contain more than 15 characters. User names may not contain any symbols, special characters or accented characters.

**ii. Code (first-time password) and Password** Users will receive a second e-mail containing their ministry-issued "code" (first-time password). **This code will expire upon first log-in.** The system will then prompt the user to create their own password as well as their secret questions and answers. The user is the only one who should ever know their password. **Passwords must not be shared.**

### E. INSTRUCTIONS FOR COMPLETING SECTION 2:

Section 2 is to be completed and signed by the appropriate Authorizer of the Organization.

### F. SUBMITTING THIS FORM - MAILING ADDRESS:

Once the user has completed and signed section 1 and the Authority has completed and signed section 2, the original form must be forwarded ( original form must be mailed ) to the I+IT Cluster Staff.