



UCCRC Intranet Access Authorization Form

Name _____ Primary Job /Title _____
 Affiliate Institution (if other than UC) _____
 Section _____ Role _____
 Phone _____ Email _____ User Name _____

Check all that applies:

<input type="checkbox"/>	Access to view Protocols and Consents web site
<input type="checkbox"/>	Access to post Protocols and Consents

Statement of agreement

- I will not seek personal benefit or permit others to benefit personally from information contained in UCCRC web site.
- I will not divulge the contents of any documents to any person except in the conduct of my work assignment and in accordance with University and departmental policies.
- I will not divulge personal ID's or passwords to anyone, whether University personnel or others.

Specific permissions and levels of access will be determined based on your roles and responsibilities in cancer clinical trials and cancer research projects both generally and specifically.

APPLICANT'S SIGNATURE DATE

SECTION ADMINISTRATOR'S SIGNATURE DATE

UCCRC APPROVAL DATE

SECTION ADMINISTRATOR - PRINT NAME

APPLICANT'S AND SECTION ADMINISTRATOR'S SIGNATURES ARE MANDATORY. Forms that do not have all the requested signatures will not be processed until a form with all signatures in original is received.

Email/mail (using Inter-Department mail) the completed form attention Jason Burns, jburns1@bsd.uchicago.edu / MC 1140.

Questions? Call 773-702-4510 or email jburns1@bsd.uchicago.edu.

For UCCRC use only. Updated 03/03/2009

Group _____

Assigned by/Date _____