



Interface Account Request Form SE-SW-002

Interfacing Entity (select only one)

<input type="checkbox"/> State Agency	<input type="checkbox"/> Central System*
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*System Name (required when "Central System" is checked as the interfacing entity):

Cardinal Application (select only one)

<input type="checkbox"/> Financials (FIN)	<input type="checkbox"/> Human Capital Management (HCM)
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Action Requested (select only one)

<input type="checkbox"/> New Account	<input type="checkbox"/> Update Existing	<input type="checkbox"/> Disable Account
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Contact Information

First Name:	MI:	Last Name:
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Email Address:	Phone Number:
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Business Unit (5 digits):

Interface Protocol Information (select only one)

<input type="checkbox"/> SSH File Transfer (SFTP)	<input type="checkbox"/> FTP over SSL (FTPS) <i>*Implicit SSL passive mode only</i>
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Signatures / Approvals

I, the Requestor, certify that I am authorized to set up secure file transmissions on behalf of my agency/system. I accept the responsibility to protect the Cardinal system credentials and the data retrieved from the Cardinal application pursuant to SEC501 and other applicable Commonwealth of Virginia security policies and local, state, and federal laws. I understand that if I abuse my access or compromise security, the access will be terminated without prior notification.

Requestor Signature	Date
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Requestor Name

Requestor Job Title

I, the Fiscal Officer, have reviewed the information provided above and am approving the request to create an account in the Cardinal interface application. I have verified that the user requesting the Cardinal interface account understands and accepts the responsibilities for securing the credentials and the data received using this account.

Fiscal Officer (FO) Signature	Date
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Fiscal Officer (FO) Name

*Additional Comments:
(required when "Update Existing" or "Disable Account" is selected as action requested)

For Cardinal Use Only – Fiscal Officer Verified By

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Cardinal Security Signature	Date
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Cardinal Security Name

Comments:	
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