

**FINANCIAL SERVICES  
ADI APPLICATION ACCESS REQUEST**

Date Initialized: \_\_\_\_\_

**TO BE COMPLETED BY THE DEPARTMENT:**

User Name: \_\_\_\_\_ Ext. \_\_\_\_\_

Department No.: \_\_\_\_\_ Department Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Log-On Instructions? (Y/N) \_\_\_\_

In order to ensure that access to the Journal Entry System (ADI) is kept secure for authorized University of Guelph personnel, we would like to know about your IP (Internet Protocol) Address.

Please contact your IT staff if you are unsure of the answer to one or more of the following questions.

IP Address: \_\_\_\_\_

Is your IP Address static? (Y/N) \_\_\_\_

If not, do you know the range of addresses it may take? (Y/N) \_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Chair/Director Approval: \_\_\_\_\_

Termination Date: \_\_\_\_\_

**TO BE COMPLETED BY THE CONTROLLER'S OFFICE:**

APPROVAL:	_____	DATE	_____
User ID Assigned & Added	_____	_____	_____
User Password Assigned & Added	_____	_____	_____
Added to Oracle	_____	_____	_____
Access Tested	_____	_____	_____
User Training Provided	_____	_____	_____
User Notified	_____	_____	_____
Authorized Form Signed	_____	_____	_____
Filed	_____	_____	_____
ID Terminated	_____	_____	_____

**Financial Services  
University of Guelph**

**ACCEPTABLE USE POLICY AND GUIDELINES**

Please access the University of Guelph Acceptable Use Policy and Guidelines, per References on the previous page <Ref..<http://www.uoguelph.ca/web/aupg.shtml>>. Once you have read the policy in its entirety, please read the statement below and complete the form as required.

*I have read and understand and agree to abide to the Policy and Guidelines as stated in the link above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Department Name