Norfolk State University
Office of Information Technology
Application Services
CARS Access Request

Date: _____   Employee Name: _____

Employee Position: _____

Department Name: _____   Dept Code: _____   Phone: _____

User IP Address: _____   Building/Room: _____

☐ **NEW**   ☐ **ADD**   ☐ **DELETE**

NSU ID'S ONLY   ## ACT ID'S ONLY

☐ 5 - Agency Inquiry Only

☐ 6 - Agency Data Entry/Error Correction Inquiry*****
  View Batch Headers   View Transactions   Add Batches
  Change Batch Headers   Delete Batches

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  View Batch Headers   View Transactions   Add Batches
  Change Batch Headers   Delete Batches

☐ 7 - Agency Approval/Release ***^**
  View Batch Headers   View Transactions   Delete Batches
  Change Batch Status: Hold to Release & Release to Hold

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  View Batch Headers   View Transactions   Delete Batches
  Change Batch Status: Hold to Release & Release to Hold

NOTES
* Access will not be granted if a 6 (update) and 7 (release) combination is requested.
^ Name must be on the Authorized Signatories Form

Supervisor Signature: ▇▇▇▇▇▇▇▇▇▇   Date: _____

Do Not Write Below This Line

Send signed form to: Denee' Harris MCAR Suite 401 *or* Scan and email to dwharris@nsu.edu

NSU ID/TYPE: _____   ACT ID/TYPE: _____

Prepared By: _____   Date: _____