



**Access Request Form to NSU POS Systems**

*\*Please be aware before access you must complete the online training for PCI Compliance. For more informtion email PCI@nova.edu*

**Name:**

**Date:**

**Banner ID:**

**N#:**

**Phone #:**

**NSU Email:**

**POS System:**

**Request:**

**Location:**

**Administrator of POS System:**

**Date Completed PCI Training:**

*\*\*\*Once this section is completed submit to your supervisor for approval\*\*\**

*For Supervisor Use Only:*

**Date Approved by Supervisor:**

**Supervisor Phone Number:**

**Supervisor N#:**

**Supervisor Signature:**

**Supervisor Email address:**

*\*\*\*Once this section is completed, submit to POS Administrator by email\*\*\**

*For Administrator Use Only:*

**Admin:**

**Admin N#:**

**Role/Privilege Given to Requesting Employee:**

**Date Access Given:**

*\*\*\*External or Internal Auditing View Reports ONLY Access\*\*\**

**Name of Auditor:**

**N# for Auditor:**

**Date:**