

This area for Procurement and Strategic Sourcing use only.	
<input type="checkbox"/>	Added/Removed from PCMS
<input type="checkbox"/>	Added/Removed from database
<input type="checkbox"/>	Added/Removed from listserv
Completed _____	Initials _____
Date edited _____	Initials _____

Updater Access Form

Purchasing Card Management System (PCMS)

DO NOT COMPLETE THIS FORM FOR CARDHOLDERS. Every UM Purchasing Cardholder automatically has access to their own card.

Access to the Purchasing Card Management System (PCMS) may be requested for those individuals who update or verify account numbers and sub-codes as part of their official duties. Access may be based on default account number(s) or organization code(s). Please complete the information below, add appropriate signatures, and forward the form to:

Procurement and Strategic Sourcing
 2113R Chesapeake Building
 University of Maryland
 College Park, Md. 20742-3111
 Fax: 301-314-9565
 Email: pcard@umd.edu

User Information:

Updater Name _____
 University ID Number _____
 Phone Number _____
 Department _____
 Email Address _____

Request Type:

- Grant Access
- Remove Access

Access Type:

- All cards with default account number (s) _____
- All cards having default account numbers associated with organization code(s) _____

For training information, please go the Procurement and Strategic Sourcing Training website at <http://www.purchase.umd.edu/training.html>.

Statement of Understanding (Signature required on page 2)

I understand that, pending all approvals, I will be given access to information contained in University administrative and/or academic computer systems solely for the purpose of fulfilling my official job duties. I agree to keep all information in a manner that is appropriate to its content and to keep any personally identifiable information confidential, kept out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or any other form.

I understand I am solely responsible for my use of this information, including its disclosure to others. I therefore agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and University policy. Neither curiosity nor personal relationships provide a basis for any breach of confidentiality.

By signing the Request for Account Updater Access form, I acknowledge I am the only authorized user of the assigned Purchasing Card Management System account(s), and that I will take steps to maintain the security, confidentiality, and integrity of any information accessed by me. These steps include protecting the confidentiality of my password to ensure others may not use it to access my account.

I have read the University of Maryland Guidelines for the Acceptable Use of Computing Resources available at <http://www.umd.edu/aug>. I have had the opportunity to have my questions regarding these Guidelines, or my access to and use of the Information answered.

I understand providing information for unauthorized uses or otherwise violating University confidentiality policies relating to the information may result in disciplinary action, including my dismissal and prosecution under applicable federal or state laws. If I am a student employee, I understand that misuse also may result in a referral to the Student Judicial Board.

By signing this form, I verify I have read and understood this form, and agree to comply with its contents.

Updater Signature/Date

I approve the above request:

Department Head or Designee Name (Print or Type)

Department Head or Designee Signature/Date