

TRAVEL CARD MANAGEMENT SYSTEM

Access for Account Updaters

Cardholders do not need to complete this form to obtain access for their own card; every UM Travel Cardholder automatically has access to his/her own card.

Access to the Travel Card Management System may be requested for those individuals who update or verify account numbers and subcodes as part of their official duties. Access may be based on default FRS account number(s) or FRS department code(s). To request access electronically, send email that includes all of the information below to your department head or his/her designee. Upon approval, the Department Head or Designee should forward the request to *travel@mercury.umd.edu*. Alternatively, you may print this form, complete the information below, and route the form through your Department Head or Designee to:

Travel Services
University of Maryland
2107 Patapsco Building
College Park, MD 20742-6711
Tel: 301.405.0607
Fax: 301.405.0555

Applicant Name _____

Applicant U ID _____

Applicant Email _____

Applicant Phone Number _____

Applicant Mail Address _____
(Please include campus ZIP code)

I request access to the Travel Card Management System. My official duties require access to the following card(s):

All cards with default FRS Number(s): _____

OR

All cards having default FRS numbers associated with FRS department code(s):

Statement of Understanding

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 Travel Card Management System Access Request Form, I acknowledge I am the only authorized user of the assigned Travel Card Management System account, 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 Policy on the Acceptable Use of Information Technology Resources available at <http://nethics.umd.edu/aup/index.html>. I have had the opportunity to have my questions regarding this Policy, and/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.

Cardholder Signature

Date

I approve the above request.

Printed Name

Title

Signature - Department Head or Designee

Date