



eRaider Business Partner Form

This form is to be used ONLY for business partners/visiting students requesting eRaider accounts. All TTUHSC employees/non-tech employees/adjunct must go through the ePaf process. Complete all of the requested fields. Use another page if more room is required for answers.

APPLICANT SECTION

Name (First, Middle Name, Last)

Title

Date of Birth (MM/DD/YYYY)

Citizenship / Country of Access Origin

Email Address (Unique for Each Person)

Phone

Vendor/Company/Institution

Department

Role: Vendor/Contractor Visiting Student Other: _____

Applicant Acknowledgement

I understand that the eRaider user account assigned to me at the request of the sponsor listed below is to be used only in connection with my assigned duties and may be revoked without notice. I agree to safeguard and not reveal my password nor allow anyone to use the account assigned to me, and understand that I am responsible for all actions, changes, and activity made with my eRaider account. I agree to comply with all TTUHSC El Paso Information Technology and Information Security policies. I have signed and agreed to TTUHSC El Paso's Confidentiality Agreement which includes Acceptable Use, and I am aware that any violation of these policies may lead to the immediate suspension of my computer privileges. I understand that unauthorized release of sensitive or restricted information is a breach of data privacy / security and may be cause for disciplinary action.

Printed Name: _____ Signature: _____ Date: _____

SPONSOR SECTION

Name

Title

Department

Office Phone

Email Address

Justification for Access: _____

Specify Application Access: _____

Deactivate Account On: _____

The assigned duties of the applicant require that he/she/they view, process, or otherwise have access to

- Protected Health Information (PHI) Personally Identifiable Information (PII)
 Student Records Other Confidential Information: _____
 No Confidential Information Research Data (include IRB and/or IACUC Number, if applicable): _____

Sponsor Acknowledgement

I agree to sponsor an eRaider user account for the applicant listed above. I understand that it is my responsibility to inform Information Technology when there is a change in the applicant's status to include but not be limited to dismissal, separation and transfer or otherwise no longer require access to the eRaider user account. Quarterly compliance audits will be completed to review if access is still needed for the business partner account.

Printed Name: _____ Signature: _____ Date: _____

Research / Student Affairs OFFICE SECTION

Printed Name: _____ Signature: _____ Date: _____