

User Security Request Form

Instructions: This form must be completed and signed by employee's supervisor/manager. Please scan and e-mail completed forms to **ISSecurityRequests@jhmi.edu** OR fax to **410-550-7148**.

Please **PRINT CLEARLY!** Illegible requests will delay service!

* - Required field Confidentiality Form Attached

Secure Chat - EPIC Role specified below as Secure Chat Only or *for special instances* Secure Chat Only with/Sign In (e.g., night mechanics).

JHED/E-Mail EPIC New/Update Role EKG Web View

Requestor Information (Supervisor/Manager/Director)

*JHED id: _____

*Name: _____ *Date: _____

*Signature: _____

*Phone: _____ *E-mail address: _____ *Fax: _____

Employee Needing Account

*First Name: _____ Middle Name: _____

*Last Name: _____ **JHED ID:** _____

*Social Security Number: _____

*Birth Date: _____

*Title: _____

*Department: _____

Building/Room: _____

*Temporary Personnel Only - Expected Date of Departure (mm/dd/yy): ____/____/____

Departmental Drive Access – (Provide Dept. & Path) (e.g. \\win.ad.jhu.edu\cloud\Medicine)

EPIC - This section **MUST** be completed if requesting **EPIC** access, including “Secure Chat Only” roles. Staff **MUST** be credentialed through the Medical Staff Office (0-0181). **EPIC training is required for all new users or role change.** Access training through **My Learning** at my.johnshopkins.edu

EPIC Role _____