

Requestor Information

Request for TRANSACT Operator ID

One Washington Square, San José CA 95192-0138

Access to the TRANSACT system requires a User ID and password. There are several categories of access: **Cashiering Users, Reporting Users, Inquiry Only Access, and eMarket Users**. Users are required to attend a training session provided by the Bursar's Office before access approval.

Name		SJSU ID#			
Email Address		Phone			
Dept. Name			Store Name (I eMarket user)		
☐ Cash Draw ☐ No Cash ☐ ☐ Beginning Balance: ☐ Authorize		Reporting/Inquiry All transactions (Administrator) Within Dept Only (Department Deposit) Own Transactions (Cashiering) Selected Merchants Only (Emarket) Email Reports Save Reports (Administrator)		Ful List	eMarket fill orders Selected merchants t merchants funds Selected merchants t merchants ore setup (Bursar's Office only) Selected merchants
		Research Ce	nter (CRC)		ist merchants
		Other:			

Confidentiality of Records

All system access is provided for official business of San Jose State University. Any other use of this information may violate one of the following: San Jose State University Academic Senate Policy S66-20; Federal Privacy Act of 1974; Information Practices Act of 1977; California Penal Code Section 502; Computer Fraud and Abuse Act of 1986; Computer Privacy Act of 1986; Computer Security Act 1987; Freedom of Information Act, 5 U.S.C. Sec 552; Electronic Freedom of Information Act Amendments of 1996; Telecommunications Act of 1996; Consumer Internet Privacy Protection Act of 1999.

Unauthorized distribution, reproduction, modification, or deletion of any customer or student information outside the intended and approved use is strictly prohibited. Illegal access or misuse of this access is punishable by fine, dismissal from the University, and/or imprisonment. Further, university computer systems are for the use of authorized users only.

Requestor Agreement

By signing this form, I agree that I have read and understand the statement of confidentiality of records. I understand that my User ID and password are to be kept confidential; should I share this information, my ID will be disabled.

Requestor's Name	Requestor's Signature	Date	

Official's Approval

By signing this form, I approve this employee for access to the TRANSACT system. I also agree to notify the Bursar's Office if this employee leaves the university or changes positions which would require their operator ID be disabled.

Approving Official Name	Title	
Approving Official Signature		

For Bursar's Office Use Only	
Operator ID Assigned:	Date ID Created:
Operator Group:	Access Granted by:
Dept Code:	Date ID Disabled: