KENT STATE UNIVERSITY

CASHNet – OPERATOR REQUEST FORM

DEPARTMENT INFORMATION

Department: _____   Campus: _____

OPERATOR REQUEST - TERMS AND CONDITIONS

When approval to collect cash has been granted to a department in accordance with University Policy Register 7-02.02, the department will acquire access for its staff to properly account for funds received.

Request for operator access implies that the information accessed will be used in a manner that is in accordance with the mission and interests of Kent State University as well as the policies and procedures of the Bursar's Office. CASHNet User accounts will be audited quarterly to verify user access. Accounts that are inactive over 90 days or users who do not respond to the quarterly audit will be disabled. All users must have submitted a signed university Confidentiality Form to Information Services (IS). Staff that will collect payment by credit card must also undergo Payment Card Industry - Data Security Standards (PCI-DSS) training prior to becoming authorized.

The CASHNet Operator ID and password are to be considered personal and highly confidential; therefore, Operator ID's and password should never be shared, communicated, or made easily accessible. Evidence of shared Operator ID's, password compromise, or other violations or inappropriate use will result in the immediate inactivation of the Operator ID involved. If warranted, further action may be taken at the option of Information Services (IS), Bursar's Office or Office of Security & Compliance.

When completed, return the Bursar's Office for review and set up.

ACCEPTANCE OF TERMS

I agree to the terms above.

Signature of Operator _____   Date _____

Name/Title _____ Email _____Phone _____

Purpose/Role for Accessing CASHNet: _____

DEPARTMENT APPROVAL

Signature of Department Head _____   Date _____

Name/Title _____ Email _____Phone _____

BURSAR OFFICE USE ONLY

New Request _____   Renew Expired Access _____   Change in Information _____   Date of Last Security Training _____