Use this form to designate an individual(s) within your department or group to maintain the CCURE 9000 system. The designees will be responsible for adding and removing card holders, identifying and/or changing access schedules, and coordinating troubleshooting and notifications to your vendor/contractor and UC San Diego Police Department. The department Dean, Chair, Business Officer, or Director must approve and sign this form.

Two individuals must be authorized—a primary and backup—to maintain and update the system. This individual will be responsible for: Please select only one: (check all that apply) ☐ New Admin ☐ Granting and Removing User Access ☐ Removing Existing Admin ☐ Identify and Update Schedule Please select only one: ☐ Web App Access ☐ Client Software Access (Thick client) ☐ Primary Administrator ☐ Access Management Portal (Share partitions) ☐ Backup Administrator Partition: Department or Group Name: _____ First Name: _____ Last Name: _____ Job Division: _____ Preferred Name: _____ Employee ID: Job Title: Campus Address: Postal Code: _____ State: Desk Phone Number: _____ Mobile Phone Number:_____ Email Address: _____ Date: _____ Signature: I hereby authorize the above individual to administer and maintain the CCURE 9000 partition as specified above. Authorizing Signature: ______ Name: _____ Date: _____ In order to setup the system account properly, please provide the following Operator information to ensure access: AD Username: _____ Department: Building or Room(s): Partition Name: _____

IP Address: ______ ☐ Static ☐ Dynamic ☐ VPN ☐ Add to CCURE VPN Pool (use if dynamic or unsure).