



# UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799



## The Office of the University Registrar Student Information System (SIS)/Empower Access Form

Today's Date (MM/DD/YYYY): \_\_\_\_\_

<b>Last Name</b>	<b>First Name, M.I</b>	<b>Job Title</b>
_____	_____	_____
<b>School</b>	<b>Location</b>	<b>Department</b>
_____	_____	_____
<b>USU Email</b>	<b>Work Phone</b>	<b>USU Phone</b>
_____	_____	_____

Type of Request: Initial Change Deactivate

Justification for Access      Name of Person or Group with Same Requested Access (optional)

\_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor E-Mail: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor Comments (optional): \_\_\_\_\_

**\*\*ALL forms must be submitted using official USUHS email by the requestor's supervisor to [registrar@usuhs.edu](mailto:registrar@usuhs.edu)**

1. Typical processing times once the completed form is received by the OUR, is 5-7 business days.
2. All appropriate persons will be notified by email when a change has been processed by the OUR.

Please submit this completed and signed to The Office of the University Registrar at [registrar@usuhs.edu](mailto:registrar@usuhs.edu).  
The OUR will not accept a form that is not signed.