TouchNet Marketplace Access Request

Complete the form, obtain approval signature, and email the completed form to [merchantservices@okstate.edu](mailto:MerchantServices@okstate.edu?subject=TouchNet%20Marketplace%20Access%20Request).

|  |  |
| --- | --- |
| **USER INFORMATION** | |
| **EMPLOYEE NAME:** | **EMPLOYEE EMAIL:** |
| **MERCHANT NAME:** | **CAMPUS ADDRESS:** |
| **TELEPHONE NUMBER:** |  |

**Select campus:**

**OSU – Stillwater**

**Select options (**[**Role Descriptions**](https://adminfinance.okstate.edu/fim/commerce/user-roles.html)**):**

**Store Manager  Fulfiller with Cancel/Refund Rights**

**Fulfiller  Store Accountant**

**Store Clerk**

**uPay Site Manager  uPay Payment Clerk**

**uPay Site Accountant**

**Approval by Director/Department Head**

Name: Title:

Signature: Date:

**Confidentiality Agreement**

Access to OSU’s TouchNet Marketplace gives you access to sensitive personal information. You are responsible for maintaining the confidentiality of this information and protecting the privacy of OSU students, faculty, staff, clients, and customers. Access to this system is restricted by business need to know. Only individuals needing information to perform job responsibilities will be granted access. User login names and passwords are considered confidential information and are not to be released to anyone, including co-workers. Writing a user login name and password in a readily accessible location shall be viewed as a release of this information and is not permitted.

**I have read and understand the above information and agree to comply with the policies contained in this agreement. I understand that failure to comply can result in loss of access privileges and disciplinary action.**

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**User Signature & Date**

FIM Use Only

Access Granted  Employee Notified

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Signature & Date