

nVision System Administrator Authorization Form

School District/BOCES: _____

I, the undersigned chief school business official for the designated school district/ BOCES do hereby approve the following relative to the maintenance of user security for the *FM/nVision* application.

___ *FM/nVision* Sites: System Administrator Designee _____
(name)

___ Backup System Administrator for *FM/nVision* Designee _____
(name)

___ Allow the designated System Administrator, _____, the right to update their own
user security. (name)

___ Allow the designated System Administrator, _____, to delegate rights and
permissions to users. (name)

___ Designate the following individual to serve as a backup System Administrator, this allows them to update the user rights for the primary System Administrator and all other users (necessary in the absence of the primary System Administrator).

(name)

TO CHANGE AN EXISTING DESIGNATED SYSTEM ADMINISTRATOR:

___ *Existing FM/nVision Sites*: Change the currently designated System Administrator,

_____, to _____.
(name) (name)

Please note effective date if not immediate. ____/____/____

___ Rescind the designation of the following individual to serve as a backup System Administrator and to update the users' rights and permissions for the primary System Administrator:

(name)

Above designated personnel to be System Administrators and permissions allowed to them for *FM/nVision* Financial Application have been approved with the signatures below:

Printed Name of Chief Bus Official

Signature

Date

Printed Name of Superintendent

Signature

Date