



THE FLORIDA STATE UNIVERSITY  
RESEARCH FOUNDATION

*This form should be completed and mailed to:*  
Alexander Priest  
FSU Research Foundation, Inc.  
Campus Mail #2744

## REQUEST FOR WEB ACCESS TO PROJECT REPORTS

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

College: \_\_\_\_\_

Dept: \_\_\_\_\_

Mail Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

FSU OMNI User Name: \_\_\_\_\_

I have a FSU Foundation account

Yes

No

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Report Passwords must be changed every six months and must contain the following characteristics:

1. Be at least 8 characters in length
2. Have at least one symbol (!@#\$,etc)
3. Contain no part of your name
4. Contain one capital letter
5. Must not contain any easy to guess words
6. Cannot be in a date format