

RSH RACF TIPS

For Administrators, Auditors, and Analysts

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Form

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Name: _____ Job Title: _____

Company: _____ Department: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone#: _____ Email: ⁽¹⁾ _____

1. Which of the following describe your Job Function and Position?

CISO / RACF Manager / Identity Management Manager

RACF Technician / Systems Programmer

RACF Analyst

RACF Administrator

Identity Management Administrator

IT Auditor

Consultant / Contractor / Temporary Staff

Other:

2. Do you recommend, evaluate, or approve the acquisition of products and services related to RACF?

Yes No

3. Will your organization be seeking any of the following services within the next six months:

A review or audit of RACF to ensure controls have been implemented effectively

Assistance with a project requiring specialized RACF expertise or additional staff resources

Please return this form to RSH by mail, FAX (617-969-9027), or email (racftips@rshconsulting.com). To email this form, you will first need to save it to a file to be attached to your message.

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