NETWORK ACCESS REQUEST FORM

By completing this form, I am authorizing the Manager of Administration (or their designee) to grant access or change existing access to the network folders or files listed below. Only the Trustee of the data may allow access. For a listing of data trustees, contact the Administrative Staff. Please note that network access is determined by user. If user benevogen changes roles, his access to the Financial Affairs network will follow him. The new user assuming the original duties would need to have additional access requested.

Name of Individual or Group needing access: _____________________________________________________

Title: ___________________________ Department: ___________________________________________

Summary of need for access: __________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Data Trustee: _______________________________ Approval: _________________________________

Folders/Files to which access will be granted: ____________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Security Assignment Requested (Read Only, Read/Write): _________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Requestor: ______________________________________________ Date: _________________

Please complete this form and return it to Dave Hruban in the Administrative Staff

For Admin Staff Use Only

Approval: __________________________________
Security Assignment: _________________________
Drive Mapping Created: _______________________

Notify the user of the security assignment and maintain this record