

Integrated Information Technology Services Network ID – Change of Access – Request Form

Please print in blue or black ink legibly. Your form will be returned if it is unreadable or in any other color.

Please return this form to the Computer Help Desk, x-3115, Room L118 in the basement of the Library.

Rev. 1/11

Name:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black; text-align: center;">First</td> <td style="width:3%; border-bottom: 1px solid black; text-align: center;">MI</td> <td style="width:64%; border-bottom: 1px solid black; text-align: center;">Last</td> </tr> </table>	First	MI	Last	Today's Date:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black; text-align: center;">Month</td> <td style="width:33%; border-bottom: 1px solid black; text-align: center;">Day</td> <td style="width:34%; border-bottom: 1px solid black; text-align: center;">Year</td> </tr> </table>	Month	Day	Year
First	MI	Last							
Month	Day	Year							
Division/Department:	Building:	Room #:	Phone #:						
Username: <table style="width:100%; border-bottom: 1px solid black; text-align: center;"><tr><td style="width:100%; height: 1.2em;"></td></tr></table>									
I am: <input type="checkbox"/> Faculty <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Staff Exempt <input type="checkbox"/> Staff Non-Exempt (e.g. SCT) <input type="checkbox"/> Visiting Faculty <input type="checkbox"/> Work Study <input type="checkbox"/> Student Intern <input type="checkbox"/> Guest <input type="checkbox"/> Contract _____ <input type="checkbox"/> _____									

***Mandatory:**
User Signature: _____

Mandatory: Current Special Access Requirements : (To be filled out by Head of School, Division or Department)
Does user require access to their CURRENT School's, Division's or Department's Folder? Yes No
If Yes, Which School, Division or Department Folder? _____
Any Other Special Access Requirements? _____

***Mandatory:** (If above access still required)
Head of School, Division or Department Signature: _____

Optional: New or Additional Special Access Requirements : (To be filled out by Head of School, Division or Department)
Does user require access to their NEW School's, Division's or Department's Folder? Yes No
If Yes, Which School, Division or Department Folder? _____
Any Other Special Access Requirements? _____

***Mandatory:** (If additional access required)
Head of School, Division or Department Signature: _____

Please Note: At least 2 signatures are required for all forms. Form will be returned if all Mandatory info above is not present.

OFFICE USE ONLY:
Login ID: _____ Standard Group Memberships: Everyone Printing
Special Group Memberships Removed: _____
Special Group Memberships Added: _____
Helpdesk Received: __/__/____ Networking Received: __/__/____ Completed: __/__/____