



Account Access Form

Employee Information

Employee Name: _____	Date: _____	Time: _____
Employee Number: _____	Employee's Phone: _____	
Department: _____	Location: _____	
Manager's Name: _____	Manager's Phone: _____	

(Manager's signature is required for approval.)

Access Requested

(Please check all network accounts the employee needs access to.)

Is this request for a change to an existing account or for the creation of a new account? Existing New

Network <input type="checkbox"/>	VPN <input type="checkbox"/>	25 Live <input type="checkbox"/>	BlackBoard
E-mail <input type="checkbox"/>	PeopleSoft <input type="checkbox"/>	Oracle <input type="checkbox"/>	Residence Hall <input type="checkbox"/> Administrative <input type="checkbox"/>
Other: _____			Accounting <input type="checkbox"/> Dining Services <input type="checkbox"/>

Access Requested for the following Users for Email Account:

Request for Access to Network Shared folders

By signing this document, I signify that I have read, understand, and agree to abide by the company computer use policy.

Name of Folder (full path e.g. \\savana\accounting) : _____

Name of sub-folder (if any): _____

Access permissions requested:

Read/Write Read Only Modify

How Long will access be required?

30 Days End of Semester End of Academic Year Other: _____

Signatures

(The applicant's signature is required.)

By signing this document, I signify that I have read, understand, and agree to abide by the company computer use policy.

Applicant's Signature _____ Date: _____

Manager's Signature _____ Date: _____

For Information Technology Services Use Only

Accounts created by: _____ Date: _____ Time: _____

Notification given by: _____ Date: _____ Time: _____

Please return this form to: Information Technology Services

Once created, all account information will be sent to the applicant. Please allow three business days for account creation. Direct any questions regarding your application for computer access to Information Technology Services.