California Maritime Academy Request for Access to Network Shared folders: For Departmental Use

Department:		
Name of Folder (full path e.g. \\sav	vana\accounting)	
Name of sub-folder (if any)		
Name of Person whom access is *Note (access to network shared drive	s requested for:es will not be granted to students)	
Position of person whom access	s is requested for: (Faculty, Staff, temp. staff,	, etc)
Access permissions requested:		
Read/Write Read	d Only Modify	
How long will access be rec	quired? (please circle)	
30 Days End of So	emester End of Academic Year	Other:
Applicant Name (Print)	Applicant Signature	Date
Department	Office Phone#	
Department Head Signature	(required signature signifies approval)	
IT Director Signature	(required signature signifies approval)	
Tom Morgan Signature	(required signature signifies approval)	
Date Completed:		