

Today's Date _____

Requestor's Information

Contact Name _____
Title _____
Department _____
Phone Number _____
Email _____

Department

- Academic Affairs
- Admissions
- ARCR
- Business Office / Purchasing
- BSP
- Continuing Education
- Financial Aid
- Human Resources / Payroll
- Institutional Effectiveness
- Records / Registration
- Other: _____

Additional Access Reduce Access

Modification Information (Changes can be made by job title or employee list)

Employees list:

Or by
Job Title: _____

Changes to be made:

Required Signatures (All signatures must be obtained before submitting the request.)

Supervisor Signature: _____ Date: _____
Data Owner Signature: _____ Date: _____
Data Owner Signature: _____ Date: _____
Data Custodian Signature: _____ Date: _____
Data Custodian Signature: _____ Date: _____

The requestor will be notified once the changes have been made. It will be the responsibility of the requestor to notify those that are effected by the changes.

Department of Technology Services