

ON-LINE ACCESS REQUEST FORM

DATE
CONTROL NUMBER

REQUESTOR	DEPT/AREA OFFICE NAME	LOCATION NUMBER (one per request)	TEL. NO.
DEPARTMENT HEAD/AREA SUPERINTENDENT SIGNATURE			TEL. NO.

- ACTION TO BE TAKEN: ADD NEW USER(S)
- CHANGE ACCESS PRIVILEGES FOR EXISTING USER(S)
- TERMINATE ACCESS PRIVILEGES FOR EXISTING USER(S)
- Date of employee termination (transfer) _____
- Date requested to delete access privileges _____

PERSON(S) REQUESTING ACCESS

<u>NAME</u>	<u>TITLE</u>	<u>TERMINAL ID #</u>	<u>OPER #</u>

APPLICATION(S) REQUESTED AND REASON(S) FOR REQUEST

EXISTING EQUIPMENT: (check all that apply)	SOURCE OF FUNDS (If additional equipment is needed)
<input type="checkbox"/> IBM TERMINAL <input type="checkbox"/> MACINTOSH <input type="checkbox"/> IBM-PC <input type="checkbox"/> TANDY <input type="checkbox"/> IBM-PS/2 <input type="checkbox"/> NONE	
ETS USE ONLY	

RECEIVED DATE: _____

REFERRED TO: _____