

REQUEST FOR ACCESS

To assure access will be granted on requested date, please fill out the top half of this form and forward it to **Integrated Technology Services**. This request must be received **at least 24 hours before access is required**.

Supervisor:	Ext:	Date Needed (No ASAP):
Print User First & Last Name:	Colleague ID#:	Ext:
Job Title:	Department:	

Check all boxes that pertain to user:	MASSC: <input type="checkbox"/>	Faculty Part Time: <input type="checkbox"/> Full Time: <input type="checkbox"/>	Classified: <input type="checkbox"/>	Student: <input type="checkbox"/> Exp. Date	Temp Access: <input type="checkbox"/> Exp. Date
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Request (description or mnemonics):

Is this a former employee? Yes: No:

If requesting the same access as another or former employee list the name:

Authorized Signature:

DO NOT FILL IN BELOW: for ITS to Fill out

Type of Access:	Login	Password:	Date & Initials
Colleague:			
DRUS (WebAdvisor)			
SVM			
RSGL (budget officer)			
EPDB (Resource Database)			
SOD			
CSHS/RGUS (cashier/Registration set-up)			
Network:			
PC Tech system setup, nw, email			
Email:			
Student email & forward			
Gen-Announce:			
XX-Announce:			
Helpbox:			
Staff Web:			
Intranet			
SOCC.EDU			
Phone:			
Voicemail			
Changed name on display			
General Announce			
XX-Announce			
ADR- add email to Person file			
Email Supervisor:			