

ON-LINE ACCESS REQUEST FORM		DATE	
		CONTROL NUMBER	
REQUESTOR NAME	DEPT/AREA OFFICE	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"/> MAC <input type="checkbox"/> IBM PC <input type="checkbox"/> DELL <input type="checkbox"/> IBM PS/S <input type="checkbox"/> TANDY	

ETS USE ONLY	
RECEIVED DATE:	
REFERRED TO:	