



Authorization for Employee's Computer Resources

Date of Request: _____

Requestor Name: _____

Department Name: _____

Employee's Name: _____ Employee's ID: _____

Please select requested resources to access:

___ Forward future emails to another user. Designated User: _____

___ Provide access to email. Designated User: _____

___ Shared drive (I.E. Cloud). Designated User: _____

___ Personal computer files. Designated User: _____

___ Other(please specify): _____

Reason for access: _____

This access is valid only for 30 days. A new request must be submitted if extended access is required.

1st Requestor (Dean or Department Director)
Signature: _____
Printed Name: _____
2nd Requestor (Vice President)
Signature: _____
Printed Name: _____
HR Approval
HR Signature: _____
Date submitted to IT: _____