



**Information Technology and Support Services  
File Access Request Form**



**Requestor Information** (Please be sure to print clearly)

Full Name:	Date:
Position/Title:	Phone/Ext.:
Building/Dept.:	Room #:

**File Information** (Please be sure to print clearly)

User's Full Name:	Position/Title:
Building/Dept.:	Room #:
Name(s) of File(s)	<u>Location(s) of File(s):</u> Network (T:) drive <input type="checkbox"/> C: drive (i.e. My Documents, etc.) <input type="checkbox"/>
Reason for request:	
Goal:	Metric:

**Required Signatures**

(Signatures acknowledge assumption of full responsibility for the use of the intellectual property to which access is requested.)

Requestor:	Date:
Administrator Name (printed):	Date:
Administrator Signature:	

**Subject to approval by the Assistant Superintendent of Administrative Services or Designee ONLY**

Date Forwarded for Signature:	HD Initials:
Name (printed):	Date:
Signature:	

**Work Order Information**

Date Received by HD:	HD initials:
Work Order #:	Date: