

Information Technology
Change of Network/Workstation/Internet Access Level Request

Form IT-E

Name:

Department:

1. Are you requesting greater Internet access or a higher priority level than you currently have? YES NO
2. If yes, what is the purpose for the request:

3. Are you requesting access to restricted network resources, such as the Super File It, accounting software, etc? YES NO
4. Are you requesting a modification on your security rating on one or more of the restricted network resources? YES NO
5. If you answer yes to either 3 or 4 please detail the request, such as what resource(s) you need access to, what security level you need, and how this relates to your job duties.

Supervisor Signature:

Date:

Director of Technology:

Date:

Comments: