

Information Technology
Request to Access Restricted Database

Form IT-J

Name: _____ Department: _____

1. What is the name of the database?
2. What is the purpose of the request?
3. What component of the database needs to be accessed?
4. When is the access required (time period)?

For IT Department

6. Will this require any special software? YES NO
7. Will this require any special hardware? YES NO

If the information within the database is of a confidential nature, all provisions of the ***SWC Confidentiality Agreement*** apply to the individual requesting access.

Requestor's Signature:

Date:

Supervisor's Signature:

Date:

Database Manager's Signature:

Date:

Director of Technology:

Date: