

COLLEAGUE USER ACCESS FORM

Requested by:	Access Requested for:	Date Requested
Approved by:	1	Date Approved
Access Request for the following Employees:		
SPECIAL INSTRUCTIONS		
What type of access needed? Please list mnemonics or Employee to copy from. View Only or Full Access?		
SPECIAL APPROVAL (i.e. access to another division function.)		
Authorized Dean, Director, or Officer:		MIS, Information Officer
SIGNATURE and DATE		SIGNATURE and DATE
MIS USE ONLY		
	Informed Originator on Reques	
Completed By:	Date:	Time:
Changes Made:		