REQUEST FOR WORKSTATION ADMINISTRATOR ACCESS

Request Date: _____

Requestor Name: _____

Reason for Request:

Have you discussed other possible alternatives to satisfy your computer need with Computing Services staff members? Mark either Yes or No

Have you read and do you agree to adhere to Policy 500-007, IT Administrator Access Policy? Mark either Yes or No

Do you understand the increased campus IT security risks associated with your being granted local Administrator access? Mark either Yes or No

_____

Requestor Signature, Date

_____

Supervisor/Department Chair Signature, Date

_____

Chief Information Officer Signature, Date