

Active Directory And Email Access Request Form

INSTRUCTIONS: Faculty and staff must provide a Ram Id and ADP Id before form will be processed. All signatures must be on the form for processing as well. Upon completion of this form, please submit it to Information Technology Services department.

А	A User Information : To be completed by Employee							
Employee Name:				Ram ID:		ADP Numb	er:	
Date of Birth:			Department:	partment: Position Title:		Title:		
Requestor's Name: (person other than user)			;)	Building/Office:				
External Email Address:								
Classification: 🛛 Faculty 🔹 Staff 🔹 Consultant								
Status: 🛛 Part- time 🗂 Full-time 🗂 Temporary								
B User Policies Acknowledgement: To complete by Employee								
The policies at the link below govern user responsibilities regarding system access.								
https://www.asurams.edu/archives/east/technologyhome/guidelines-and-forms/								
□ I have read and acknowledged the policies above and agree to abide by all applicable laws								
and restrictions that govern use of this enterprise system.								
User's Signature				Print Name:			Date:	
C Supervisor Authorization : To Complete by Supervisor								
Supervisor Signature:				Print Name:			Date:	
Supervisor Title: Supervisor C			ontact Number:	Supervisor's Email				
D Email Group Authorization								
□ #H	Faculty	Γ	□ # Staff	🗆 # Stude	ent	□ Othe	r	
Access Level / Role: To Complete by <u>Supervisor</u>								
Account Request			New Account 🛛 Modify Account 🗆 Remove Account					
Role o	r Level of Acce	ess 🛛	Guest 🛛 Sta	Standard User				
ITS USE ONLY =			IT Intern Application A	ntern 🛛 Helpdesk Technician plication Administrator 🗆 Domain Administrator				

Form_ActiveEmailDirectory_v1.4.docx

ITS USE Only: ITS Administrator					
Account Action	□ Account Created □ Account Modified □ Account Deleted/Disabled				
Account Settings	User Name:				
Account Initial Password					
Authorized By:					
Date Completed:					