

Information Systems Service Request

(NOT FOR INSYST ACCOUNT REQUEST)	Date:	Information Systems Use Only
	Request Completed by:	
	Phone No:	
		File #: _____
		Assigned to: _____

Network Accounts: Add – New User Change Remove

User's Name:

Permissions same as (a *current user's name*):

Department:

Network Printer Connection(s):

Applications: Standard Desktop Features (MS Office, E-Mail, Internet)
 Insyst Icon UCL Mainframe Access
 eCURA 3 Acrobat Reader Alcolink Other (*specify*)

Describe request for other IS services or requirement not included above:

Hardware:

Describe:

Reason:

Approval:

Division Head* Signature:

Date:

* AOD/MH, Deputy Director, Director of: Mgmt Svcs., Medical Office, Finance, Adult Outpt., Child and Youth Svcs., Personnel, Access Svcs., Authorization

INFORMATION SYSTEMS USE ONLY

Information Systems Approval:

Date: