

Request For Additional Network Access

Request Date

Please type on-line, print out, sign & email to helpdesk@oru.edu

Person to be given network access:

Name:

First

Last

Z#

Department:

Title:

Network UserName:

Folder Name:

Example: [\\LXSRV212\74VOL\74VOL1\DEPT\IS\TECHS](#)

Type of Access (Pick One):

☐

Read Only

☐

Read/Write

Authorized By:

Name:

First

Last

Department:

Title:

Phone:

Signature: _____ Date: _____

To Be Completed By IT Only:

☐

Completed by: _____ Date: _____

FILL OUT FORM ON-LINE & EMAIL

IT Department Email to helpdesk@oru.edu