



FILL OUT FORM ON-LINE & EMAIL

Information Technology Department

IT Department helpdesk@oru.edu

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: _____

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