



Request for Access to Personal Files

Request Date: Please type on-line, sign & email to helpdesk@oru.edu

Person to be given access:

Name:

First

Last

Z#:

Department:

Title:

Network Username:

Username whose files they are accessing:

Type of files (choose all that apply):

U: Drive

Email

Voicemail

Local files on computer/laptop

Reason for access:

They will have access to these files for a total of thirty (30) days beginning at completion of request.

Must be authorized by Dean\Manager for department:

Name: _____
First Last

Department: _____ Title: _____

Signature: _____ Date: _____

Must be authorized by Provost\VP for department:

Name: _____
First Last

Department: _____ Title: _____

Signature: _____ Date: _____

TO BE COMPLETED BY IT ONLY:

Completed by: _____ Date: _____