

System Access Request Form

User Information

Name: _____
Date: _____

School/Location: _____
Department/Grade Level: _____

System Details

System/Application Name: _____

Requested Action: Addition Removal Modify

Detailed Justification

Provide a brief explanation of why the requested action is necessary for the employee's job responsibilities or any other relevant reason.

Expected Duration of Access

Temporary (specify duration): _____

Permanent

Terms and Conditions

- I will use this system access solely for official business purposes.
- I will maintain the confidentiality of access credentials and not share them with anyone.
- I understand that all system activities will be logged and may be subject to review.
- I will immediately report any suspected unauthorized access or security breaches.
- I agree to comply with all organizational IT security policies and procedures.

Acknowledgment and Agreement

I, the undersigned, have read, understand, and agree to the terms and conditions outlined above.

User Signature*: _____

Date: _____

For Office Use Only

This request must be approved by the following authorities before any action is taken by the IT department.

Administrator Signature: _____
Date: _____

Approved Denied

IT Director Signature: _____
Date: _____

Approved Denied

IT Department

Date received: _____
Date completed: _____

Assigned to: _____

*If the request for access is being made by an administrator, those who grant approval to the request must be an administrator other than the one making the request.