

Simmons College
Technology
File Server Access and Termination Request Form

User Information

First Name: _____ Last Name: _____
Job Title: _____ Simmons ID#: _____
Department: _____
Extension: _____ Room Number: _____
Supervisor Signature: _____ EXT: _____
Model this User after: _____

Request Type: (Please Specify Service Required)

1. Set Up New User Account: _____

Give New User Access to These Folders:

Folder 1: _____

2. Transferring Existing User:

Name: _____

Old Dept: _____ New Dept: _____

Remove User access to old department? (Y/N)

3. Create New Group Folder or Give Access Rights to Existing Folder

List of people to give access rights to Folder

Folder Name

List of Individuals

_____	_____
_____	_____
_____	_____
_____	_____

4. Terminate User Account.

Name: _____ Termination Date: _____

Send completed form to Help Desk, Lef 332. For status of request please call the HelpDesk at x2222, option 8.

Network Account Information (To be completed by Technology Staff)

Username: _____

Comments: _____

Job Completed By: _____ Date: _____