SUNY Old Westbury Web and Webconnect User Access Request

NEW	(Or Additional)	CHANGE	Removal Date
Complete this form to request that a complete the fields listed below on		o the system or if a	a change has occurred. The user should
Name (Last, First, MI):			
Building/Room:			
Title:			
Phone & UserID:			
Department:			
Email Address:			
Effective Dates (Start and End Da	ate if Applicable):		
Copy Existing User Access (leav	e blank if not applica	ble):	
Screens / Functions / Accounts N			
Please checks boxes for access re-		S	E-Req
	SUNY Por	tal*	Other
Accounts:			
Comments * : * If you require access other than BI, please	e identify the Security Acces	s Permission on the S	UNY Portal you are requesting.
User Signature			Date
-	-		feguard the system assets assigned to istration computer equipment & system.
Dean/Chair Signature			Date
Supervisor Signature			Date
Dean/Chair/Supervisor must sign the computer system and confirmation perform job duties. The supervisor	that the user requires	access to SUNY	Administration's computer system to
VP for Area			Date
	nd confirmation that the	e user requires acc	ture on this form is authorization to add cess to SUNY Old Westbury/SUNY
Campus Security Contact Signat	ure		Date

Add to group: E-Reqs	Legacy username: _	
Add to group: BI	Job functions:	