

IT Services Access Request Memorandum

Send to: Information Technology Services
4660 S. Hagadorn Rd., Suite 210 -- Phone: 884-3000

Requestor Information

Name (Printed)	Phone	Date Prepared	Date Needed
----------------	-------	---------------	-------------

Type of Request (Check One)

Add User Access Change User Access Delete User Access

User Information

Full Name	Address	Phone	Employee ID (ZPID or MSUNetID)
Descriptive Job Title	Department Name	Organizational Unit (CUC)	Account #

Request Purpose: Delete User Access

Delete all access for the following user. Please submit a separate request for each user.

Employee Name	MSU NetID

- This User has left the University
Or
 This User has transferred to another Department within the University

Please delete all access FROM department (CUC) _____

Rev: 12/21/10 (Delete User)

For Authorized Signers Only:

Signature & Printed Name of Unit Head or Security Contact Responsible for User X _____	Date:
Signature & Printed Name of Application Steward Responsible for Application Data X _____	Date:

This Section to be Completed by Information Technology Services

User ID(s)	Comments:	Completed By
		Completion Date