Request for ICIS Access

Submit completed request to Laurie Hanlon, Integrated Systems Coordinator, AD Box 95 or scan and email to hanlon@its.gonzaga.edu

A.	User Identification:							
	Name and Title:							
	Department			Ext				
	Check all applicable:	[] New User	[] Current User	[] Student Employee				
В.	Initial the line below:							
	The above individual has a network account or I have requested one be created.							
C.	Attach a list including the type of information, specific form, report, or specific security class to which you are requesting access, along with the type of access needed for each item (i.e. maintenance versus query).							
D.	Provide a rationale as t form, or set of forms li		ed for accessing each particular piece of information, ction B.					
E.	Departmental Approva	1:						
			Supervisor/Department	Head Signature and Date				
		S	upervisor/Department I	Head Print and Extension				
F.	User Signature			User Signature and Date				
	-IS Coordinator will secur ature and Date:	e the signatures b	elow					
Module Administrator:			[]approve []deny					
Module Administrator:			[]approve []deny					
Team Leader:			Парргоуе Пdeny					