Data Center Access Authorization Form

(Visitors accompanied by authorized personnel do not need to fill out this form)

Date:

The following individual(s) have approval for access to the CSUB Data Center and have been provided a copy of the Data Center Access Policy

1. Name: _____ **CSUB ID Card #** _____
        (Print full Name)

Signature: _____

2. Name: _____ **CSUB ID Card #** _____
        (Print full Name)

Signature: _____

3. Name: _____ **CSUB ID Card #** _____
        (Print full Name)

Signature: _____

Access is given for the following reason(s):

Access is ongoing ☐   **Access is time/date specific** ☐

                                    Time and Date(s):

Approved By: _____

        Kallya Shenoy, Interim Assistant Vice President for Information Technology Services

        Or

Approved By: _____

        Michael A. Neal, Vice President for Business & Administrative Services

*Send completed Original Copy to Enterprise Applications, mail stop 41 LIB