



# Charles R. Drew University of Medicine and Science

Information Technology Department

## Request for Departmental Folder

(File Server connection)

Date submitted:

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COM

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COSH

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Research

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Administration

Department Name: <b>(REQUIRED)</b>	Department Head Name: <b>(REQUIRED)</b>
Location: <b>(REQUIRED)</b>	Department Head Signature: <b>(REQUIRED)</b>

We currently can only connect the users on the Drew Campus Network. If you are not sure please ask us.

Staff / Faculty to access the shared Folder: use an additional sheet if needed.

Name	Phone #	Folder Name	Computer Type: PC / MAC
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
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**Return this request to: Information Technology Department**  
**Cobb Building, Room 235 or Fax to: 323-563-4879**

Please contact with any questions or special requests.