Information Technology

COMPUTING SERVICES AND SYSTEMS DEVELOPMENT

Account Administrator Change Request Form

Version Date 7/31/15

Date of Request: _____

Responsibility Center Information			*For the responsibility center listed below, the following changes are being requested—please print clearly.*	
Responsibility Center 2-Digit Code #		**Responsibility Center Name**		
☐ **Remove access to account administrator functions to these individuals.**				
Name:			**University Computer Account Username:**	
Name:			**University Computer Account Username:**	
☐ **Add**	*These individuals will handle all future account management issues and act on behalf of the Responsibility Center head.* ==**Please note: only two individuals can be selected as account administrators.**==			
Name:			**University Computer Account Username:**	
Name:			**University Computer Account Username:**	

Approval

_____
Responsibility Center Head Name

_____
Responsibility Center Head Signature

_____   _____
Effective Date: *Effective Time(if applicable)*

Person to contact once change has been completed:

_____   _____   _____
 Name   *Phone Number*   *Email Address*

Please complete and fax to <u>CSSD Security</u> (419 BELLH) at 412-624-8572.

Upon receipt, requested change will be processed within two business days.

*Questions? Contact the University's Technology Help Desk at **412-624-HELP [4357].***