

University of Missouri
 CRR 110.005 A.4.
 Access to Electronic Resources
 Authorization Form

Information about Account Holder

Name: _____	Title: _____
Department: _____	Account ID: _____
Supervisor's name: _____	(login ID such as smithj)

Requestor Information

Name: _____	Title: _____
Division/College: _____	Department: _____
Phone: _____	Other Phone: _____

Circumstances

Reason why access has not been obtained from Account Holder:

- | | |
|------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Left the University voluntarily | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Left the University involuntarily | <input type="checkbox"/> Other |

Describe why access is needed, and list any existing or potential human resource issues or other adverse circumstances (disciplinary action, suspected misconduct, involuntary termination, etc.) associated with this employee.

Are there active or pending grievance or litigation actions associated with this employee?

- Yes No Don't know

Please grant the individuals listed below access to the resource(s) indicated beginning on _____ and ending on _____. Access will be used only for the specific reason described above.

<input type="checkbox"/> Exchange Mailbox – Review Access Only	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> University Voice Mail – Please specify phone number:	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> University owned Personal Computer	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> Box File Storage	Grant Access to Name: _____ Pawprint: _____
<input type="checkbox"/> File Storage Resources - Please work with Department IT Pro. Specify Location(s):	Grant Access to Name: _____ Account ID: _____
<input type="checkbox"/> Other – Specify other electronic data location(s):	Grant Access to Name: _____ Account ID: _____

