

Norfolk State University
Special Access Request Form
System Administration

Office of Information Technology - Application Services
(forward original form to MCAR Suite 401)

Employee Information

Employee Name: _____ Phone #: _____

Colleague ID # (Badge #): _____ User ID (network log on): _____

NSU E-mail Address: _____

Type of Special Access

- | | | |
|---|---|--|
| <input type="checkbox"/> NEW | <input type="checkbox"/> MODIFY | <input type="checkbox"/> DELETE |
| <input type="checkbox"/> Synoptix* [^] | <input type="checkbox"/> SFTP (WinSCP)* [^] | <input type="checkbox"/> TN3270 (Extra) [^] |
| <input type="checkbox"/> Informer* | <input type="checkbox"/> Colleague Studio* [^] | <input type="checkbox"/> OTRS |
| <input type="checkbox"/> Windows Fileshare* | <input type="checkbox"/> SysAdmin | |

MyNSU Team Site

Name of Team Site: _____
 View Only Update Remove Access

** Must have existing Colleague access prior to submission of this request*

[^] Requires additional software to be installed

Additional Information

Describe access requested: _____

Supervisor Printed Name: _____

Supervisor Signature: _____ Date: _____

APPLICATION SERVICES USE ONLY

Notes: _____

Processed by: _____ Date Completed: _____

User Notified Date: _____