

**Norfolk State University**  
**Special Access Request Form**  
**Web Applications**

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

**Employee Information**

Employee Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee ID (Colleague #): \_\_\_\_\_ User ID (network log on): \_\_\_\_\_

NSU E-mail Address: \_\_\_\_\_

**Type of Special Access**

**NEW**       **MODIFY**       **DELETE**       **UPDATE**

SAVES\*       Events Calendar\*       Course Evaluations\*       FQS\*  
 Database Account Access\*       WS Timesheet\*       LimeSurvey\*       HR Clearance Form\*

*\* Must have existing Active Directory access prior to submission of this request*

**Additional Information**

Describe access requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION SERVICES USE ONLY**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

User Notified    Date: \_\_\_\_\_