University of Windsor

REQUEST TO MODIFY ACCESS

1. New User Information:

Name: _____ **Ext:** _____ **Email:** _____

Department: _____ **Position:** _____

Department Head: _____

Department Dean: _____

Is User ID temporary? ☐ **Yes** ☐ **No** **Expiration Date:** _____

2. Access Required:

> What does the user expect to do on the system?

---

3. Authorization:

By typing your name on this line you consent to the above user accessing your department. You must have signing authority for the above department.

Signature: _____ **Date:** _____

Full Name: _____ **Department:** _____

Submit Form To: fabs@uwindsor.ca

If there are any questions while filling out the form, please contact the System Assistant (ext. 2143)

SECURITY ADMINISTRATOR (FINANCE DEPARTMENT) USE ONLY

Signature: _____ **Date:** _____

Comments: _____