



Perceptive Content Access Request Form
Business Office / Campus Unit Administrator

Campus Members

Department Member Information:				
Name:	Username:	Job Title:	Dept Name & Queue Number:	Email Address:

Permissions

Username :	Standard User: Doc, Inv, POs, etc.	Notifications for dept. queue	Primary Contact list for dept.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The access granted upon approval of this request is governed by Section 5.1.2 of the USG Appropriate Use Policy. Each individual institution, and its users have an obligation to abide by the policy stated standards of appropriate and ethical use. Any user of any USG system found using its resources for unethical and/or inappropriate practices has violated this policy and is subject to disciplinary proceedings. By signing, I agree to abide by the Institute's Data Access Policy. All sensitive data will be properly secured and protected.

Signatures:	
Employee Printed Name	Employee Signature & Date
Department Authority Printed Name	Department Head, Dean, Director Signature & Date
Perceptive Content Administrator	Date