



Perceptive Content Access Request Form Business Office/Campus Unit Administrator

Department Member Information:

Name: _____	Email Address: _____
Username: _____	Phone #: _____
Dept Name: _____	Job Title: _____
Dept Queue #: _____	
Replicate Access same as: _____	

Access Requested:

- Standard User: documents, invoices, purchase orders, etc.
- Should receive dept. queue notifications
- Add to Primary Contact List: receives inquires/reports regarding department invoices.

Additional Access: _____

Enter username(s) to remove access:

Usernames: _____

Signatures:

The access granted upon approval of this request is governed by Section 5.1.2 of the USG Appropriate Use Policy. As a whole, 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.

Employees Signature

Date

Signature (Department Head, Dean, Director)

Date

Printed Name (Department Head, Dean, Director)

Email this form to jo.keith@business.gatech.edu or attach to Service Now Incident

For Use by Procurement & Business Services

Access provided by:

Approving Signature

Date