Department of Statistics Server Room Access Request Form

User Information

Full Name: ________________________________ Date: ______________

Email: ____________________________ Phone: ____________________________

Supervisor Name: ________________________________

Date for Access to Expire: ________________________________

Action (choose one): [ ] add user access [ ] delete user access

You May Not:

- Share your access card with another person.
- Permit anyone to access secure areas with your card.
- Allow unescorted visitors access to secure areas.

By signing below you acknowledge that you will abide by the policies that govern access to secure information technology resources in the Dept. of Statistics at Texas A&M University and the policies that govern access to secure information technology resources for Texas A&M University.

You can find the related policies here: http://www.stat.tamu.edu/policy

User Signature: ________________________________ Date: ______________

Supervisor Signature: ________________________________ Date: ______________