

USER INFORMATION

Employee Type: Employee Student Non-UConn Employee | New Access Delete Access

User's Name: (First, Middle Initial, Last)	
Department Name:	Department Organization Code: (4-digit)
UConn Provided E-mail: (Email provided by HR, not Dept.)	
Phone Number:	
Name & E-mail of person completing form: (if different from above)	
Business Justification for Access	

Print User's Name

User's Signature Date

Print Dean, Director, or Dept. Head's Name

Dean, Director, or Dept. Head's Signature Date

Submit completed form to inventorycontrol@uconn.edu.