Logical Access Request Form
IT Services
(For Officers/Officials)

Personal Details In Capital letters (To Be Filled By Officer/official)		
Full Name:		
Designation:		**Employee ID:**
Department:		**Joining Date:**
Email Address		

Access Request: ☐ Email ☐ LMS ☐ CMS ☐ Internet ☐ Domain ☐ Turnitin ☐ VPN

Type of Access:
(To be filled by IT officer)
☐ Permanent ☐ Temporary (Duration From ___/___/____ to ___/___/____)
☐ Contractual ☐ Vendor Personnel ☐ Contractors

Access Level (To be Filled by IT Officer)

☐ Administrator ☐ Power User ☐ Network User ☐ Guest Access

Reporting Officer Approvals

Name	Designation	Signature	Date

Reason if Disapproved:

HOD Approval

Name	Designation	Signature	Date

Reason if Disapproved:

To Be Filled By The Respective IT Officer (After Granting Access)

Access to Application Granted	Name	Designation	Signature	Date
User ID:				
Expiration Date:				

Verification Director(I.T)

Name	Designation	Signature	Date

Remarks:

Disclaimer: Your Login Account and Password must be kept confidential. Passwords should never share or exposed to others. You will not let anyone else access your account or do anything that might put at risk the security of your account. You are responsible for the confidentiality and use of all IDs, passwords in connection with the IT services of RMU.

Employee's Signature
Date: