

**Computer Access
Request Form
(CARF)**



Please allow one (1) full work day for processing.

Request for New Staff/Faculty User ID and Network Access Authorization

Please enter the following information correctly and completely. Forward to the appropriate person(s) for final approval. Once final approval is complete, send to Information Services (IS).

(Please print or type) New employee's full **LEGAL** name:

Last: _____ First: _____ Middle Initial: _____
 Department: _____ Office: _____ Date: _____ Phone Extension: _____
 Job Title: _____ Supervisor: _____

This request is to:

ADD User MODIFY User DISABLE User Date: _____

Please provide any special comments in this space.

ACCOUNT ACCESS: * * Please check all accounts needed! * * GW Distribution List(s):
 Local PC Login BlackBoard Datatel GroupWise _____

IS use only:
 Setup by: _____

EMPLOYEE:
 I have read and accept the three Computer Usage Policies found at www.brunswickcc.edu/IT/it.htm . I will maintain the confidentiality of my password and will ensure data integrity.
 Employee signature: _____ Date: _____

NOTE: An instruction sheet for completion of this form is attached.
Security Class Access sheets follow the instruction page(s). Instructions for completing the security class pages are found at top of each security class page.

ACCESS APPROVAL:

Employee's Immediate Supervisor	Date:	
Assistant Vice President for Student Services (Data Owner ST)	Date:	
Director of Fiscal Services (Data Owner CF/FLNK)	Date:	
Director of Employee Services (Data Owner HR)	Date:	
College President (Data Owner UT/CORE)	Date:	

Annual Review completed by: _____ Date: _____

* * Must be signed by all appropriate data owners before access is granted. * *

* * Signatures of President and Director of Employee Services required on all. * *

Copies to be maintained in Information Services and Employee Services and reviewed annually during the month of June.