

 **LANSING CHRISTIAN**
Computer User Management Request Form

Creation

First Name: _____ Last Name: _____

Title or Role(s): _____

- | | |
|--|--|
| <input type="checkbox"/> E-mail Account | <input type="checkbox"/> Adjustments to Existing Equipment Required* |
| <input type="checkbox"/> FRP Access | <input type="checkbox"/> New Equipment Required* |
| <input type="checkbox"/> Skyward Access* | <input type="checkbox"/> Other(s)* |

*Notes: _____

Adjustment

First Name: _____ Last Name: _____

Title or Role(s): _____

Requires the following permission or group membership adjustments:

Removal

First Name: _____ Last Name: _____

Required Date of Removal: _____

Special Considerations (email must be forwarded, files archived or moved, etc):

Name of Submitter: _____ Date: _____

Signature of HR Director: _____ Date: _____