



# NAVAJO COUNTY

IT Only

## IT Requests and Permissions Authorization Form

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### USER INFORMATION

First Name: \_\_\_\_\_ Department: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ Location/Building \_\_\_\_\_

Preferred Name: \_\_\_\_\_

<b>CHANGES REQUESTED</b> <small>(Add unlisted items below)</small>	Option ✓	Current Information	New Information
Network Login Account			
Email Address			
Lync Phone Number			
User Data Folder (U:)			
Access to Dept. Drive			
Yammer Account			
VPN Access 			
Distribution Group			
Other			

### DETAILS:

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Effective immediately? (or) Effective Date: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor Printed Name)

X \_\_\_\_\_  
(Supervisor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(IT Tech Printed Name)

X \_\_\_\_\_  
(IT Tech Signature Completed)

\_\_\_\_\_  
(Date)

