

# NAVAJO COUNTY

## IT Requests and Permissions Authorization Form

IT Only

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rev. 7.5.2016

### USER INFORMATION

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

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

Last Name: \_\_\_\_\_ Location: \_\_\_\_\_  
(Holbrook, Show Low, Heber, etc.)

Preferred Name: \_\_\_\_\_ Building: \_\_\_\_\_  
(Displayed in email and on phones) (Buffalo, Health, SO, Dispatch, Jail, Complex, etc.)

| CHANGES REQUESTED<br><small>(Add unlisted items below)</small>        | Add<br>✓ | Remove<br>✓ | Change<br>✓ | Additional Information<br><small>(Changed from/to department, old phone, name change, etc.)</small> |
|---|----------|-------------|-------------|---|
| Network Login Account   |          |             |             |   |
| Email Address   |          |             |             |   |
| Lync Phone Number   |          |             |             |   |
| User Data Folder (U:)   |          |             |             |   |
| Access to Dept. Drive   |          |             |             |   |
| Office 365 Account  |          |             |             |   |
| VPN Access <small>(requires mobile number for authentication)</small> |          |             |             |   |
| Distribution Groups   |          |             |             |   |
| <small>(Other)</small>  |          |             |             |   |
|   |          |             |             |   |
|   |          |             |             |   |

Effective immediately?    Yes    No            (or) Effective Date: \_\_\_\_\_

### DETAILS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|  |  |                       |
|--|--|-----------------------|
| <small>(Supervisor Printed Name)</small> | X<br>_____<br><small>(Supervisor Signature)</small>        | <small>(Date)</small> |
| <small>(IT Tech Printed Name)</small>    | X<br>_____<br><small>(IT Tech Signature Completed)</small> | <small>(Date)</small> |

### IT Comments:

\_\_\_\_\_

\_\_\_\_\_