

This form should be completed when requesting authorisation for access to the LU Science DMZ, for making changes to any existing access, removing access if a user leaves the department or for a user name change.

Requestor Details

First Name		Last Name	
LEA Username		Lamar ID (University "L" Number)	
University Department			
Research Group(s)			
Telephone Number		Email Address	

Nature of Access Request

New or Additional Access	<input type="checkbox"/>	Disable Access (Access no longer required)	<input type="checkbox"/>	Modify Existing Access	<input type="checkbox"/>
Other (please specify)					

Please identify the access affected by this request

('Add', 'Remove' or 'Modify' as appropriate and indicate if Read Only (RO) or Read/Write (RW))

Users, Network Resource, Folder or Path	RO / RW	Add	Remove	Modify

Brief Description of Research Project

Amount of Data to be Transferred

MB	GB	TB

DTN Storage Start Date _____

DTN Storage End Date _____

Alternate Storage Location (logical path)

Is the Data Being Transferred Subject to any Regulations? (HIPAA, FERPA, PCI, etc.)

_____ Yes _____ No

Where is the Data Being Transferred? (Organization Name, server address, URL, IP address, etc.)

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Departmental Access Authorization (Nominated Authorized Person)

Access Authorized By (Print Name):	
Access Authorized By (Signature):	
Request Date:	

Access Granted by (Research Committee Member):

Name: _____	Signature: _____	Date: _____
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