المملكة العربية السعودية
وزارة التعليم
جامعة الجوف
الإدارة العامة لتقنية المعلومات والمشاريع التقنية

الرقم: .....
التاريخ: / / ١٤هـ
المرفقات: .....

User Access Request Form

Access Request Number: _____ Date: _____

Name:		**Employee #**	
Position:		**Department / Section:**	
Company Name (for Third Parties):			
Email ID:		**Telephone:**	

Request Details

#	Access / Authorization	Information System	Justification

Remote Access Required ☐ Yes ☐ No

Justification:

Duration	Start date:	End date:
	Start time:	End time:

Signature:	Date:

المملكة العربية السعودية
وزارة التعليم
جامعة الجوف
الإدارة العامة لتقنية المعلومات والمشاريع التقنية

الرقم: .....
التاريخ: / / ١٤هـ
المرفقات: .....

Approvals		
Department Head / Manager		
1. I confirm that the access request is justified and in line with the assigned responsibilities. 2. I understand that these access rights will not expose the organization to undue risk.		
Comments:		
☐ Yes ☐ No	Signature:	Date:
Information System Owner		
Comments:		
☐ Yes ☐ No	Signature:	Date:
IT Department Head		
Comments:		
☐ Yes ☐ No	Signature:	Date:

Actions taken by System Administrator	
Access Rights Granted:	
User ID Created:	
Other Actions:	
Administrator name:	
Signature:	Date: