



Department: _____

Schedule F-3
Access Control Procedure

Information Technology Services
Account Removal Form

Removal of Existing Account

Name: _____ Memorial No: _____

Status of Files in this Account: (Delete, Move to another account, etc.)

Authorized Signature: _____

Date: _____

RETURN COMPLETED FORM BY MAIL OR FAX (864-3514) TO
INFORMATION TECHNOLOGY SERVICES
ATTENTION: ITS Service Desk