



Department: \_\_\_\_\_

Schedule F-2  
Access Control Procedure

Information Technology Services  
Account Privileges Form

Modification of Existing Privileges

Name: \_\_\_\_\_ Memorial No: \_\_\_\_\_

Detail of Modification:

---

---

---

---

---

---

---

---

---

---

---

---

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN COMPLETED FORM BY MAIL OR FAX (864-3514) TO

INFORMATION TECHNOLOGY SERVICES

ATTENTION: ITS Service Desk