



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

Schedule F-4  
Access Control Procedure

Information Technology Services  
Directory Modification Form

Modification of Server Directory Structure

Please describe in detail:

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

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