



Administrative Computing Service  
Support Request Form

INFORMATION TECHNOLOGY

SECTION 1: DEPARTMENTAL AUTHORIZATION CONTACT INFORMATION			
First Name		M.I.	Last Name
Building/Room		Extension	
Department		E-mail Address:	
Type of Request:	Report System Problem	Labels	Application(s)/Programs(s) Problem
Reports/Labels		Departmental Authorization Contacts	
Type of Information Needed:		Dir. of Admissions _____ Date _____	
SFAI (Student Admissions Info.)		Dir. of Financial Aid _____ Date _____	
SRI (Student Financial Aid Info.)		Dir. of Housing _____ Date _____	
SHI (Student Housing Info.)		Student Accts. Mgr. _____ Date _____	
SFI (Student Financial Account Info)		Dir. of Human Resource _____ Date _____	
PI (Personnel Info.)		V.P. of Finance _____ Date _____	
FI (Financial Info.)		Dir. of Alumni Affairs _____ Date _____	
AI (Alumni Info.)		V.P of Institutional Adv. _____ Date _____	
DGI (Donor Giving Info.)		System Problems	
Description of Info Needed:		No Connection Prompts	
		User Account Disabled	
Sort By:		Printer will not print from ACCESS	
Name Student # State		System Icon is not on desktop	
Other (specify)		Other (specify in box below)	
Delivery:			
E-mail Pick-up			
ACCESS printer _____			
Apps/Prog. Problems			
Apps/Prog I.D. _____			
Error Message (screen print & attach to request)			
Improper Functionality (specify below)			
SECTION II: INFORMATION TECHNOLOGY USE ONLY			
Date Rec'd _____		IT Staff Initials _____	
Assigned To _____		ACCESS Support Staff _____	
Comments _____		Date Completed _____	