

Remove Access to Records Request

Department

Employee

Date

Records	Information			Access Type	
	Demographic	Financial	Academic	Read Only	Update
<i>Admission</i>					
<i>Alumni</i>					
<i>Bus – A/R</i>					
<i>Bus – A/P</i>					
<i>Bus – G/L</i>					
<i>Development</i>					
<i>Financial Aid</i>					
<i>Employee</i>					
<i>Housing</i>					
<i>Registrar</i>					
<i>Vendor</i>					

Please remove access to the above records for _____
(Employee Name)

The access removal must be completed no earlier than _____ and no later than _____.

(Print Supervisor Name)

(Supervisor Signature)

(Date)

(Print Custodian Name)

(Custodian Signature)

(Date)

Access removed by:

(IT Staff Member Signature)

(Date)