



## WISDM Access Request Form

Please return completed form to Business Services located at 125 Graff Main Hall.

Name (Last, First): \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Reason for requesting WISDM access: \_\_\_\_\_

**Please check one:**

Initial access request (new user)

Additional access request

Partial cancellation of access

Full cancellation of access

**Please list the 6-digit UDDS and Account Name you are requesting or cancelling access to below, or state all accounts in a series (i.e. 0250XX, all International Education accounts):**

**UDDS (6-digits)**

**Account Name**

WISDM Manager Approval (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

WISDM Manager Signature: \_\_\_\_\_

**FOR BUSINESS SERVICES USE ONLY:**

Business Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Set Up

Notification

Training offered

Training scheduled