



## WISDM Authorization Request

Please return completed form to 125 Graff Main Hall. The completion and return of this form will enable us to schedule a training session for you and assign a logon to enable you to use WISDM.

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

Department: \_\_\_\_\_ Phone # \_\_\_\_\_

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

**Please check one:**

- Initial Request (New User)
  Partial Cancellation of Access  
 Additional Access Request
  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 digit)	Account Name

Other UDDS or more information

Check if you would like WISDM training

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Manager Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approval Print Name \_\_\_\_\_

**For Business Services Use:**

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

Set up: \_\_\_\_\_ Notification: \_\_\_\_\_ Training: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\*If you have questions concerning this form, please contact Business Services at 5-8554.**