

Grambling State University

A member of the University of Louisiana System

OU Campus Request Form

Part I – User Information

Date: _____

Employee Name: _____ Ext: _____
Last First MI

Position/Title: _____ Department: _____

Type of Access: ☐ New

☐ Revised Account

*For revisions to existing OU Campus account, please provide userid.

UserID: _____

Employee Status: ☐ Staff

☐ Faculty Other: _____

Type of Position ☐ Permanent

☐ Part-Time

☐ Temporary:

*Start Date: _____ End Date: _____

*A start and end date must be provided for temporary access.

Part II – Type of Access Requested

☐ Web (gram.edu) ☐ GSUNet ☐ WordPress

Justification: _____

Special Request: _____

Part III - Authorization

An employee's Unit Head must authorize access to GSU's administrative systems. By signing this form, the user agrees to comply with GSU Policy on University Computer Usage and Information Security and related policies and procedures.

Signature: _____ Date: _____
(Requestor)

I, _____, understand that I am authorizing the above individual to make changes
(Department Head - Print Name)
to content on the university's website.

Signature: _____ Date: _____
(Department/Unit Head)

For Office Use Only

UserID: _____ Password: _____

Signature: _____ Date: _____
(Account Creator)