Office of Information Technology Services
Additional Access Request Form

Requestor Information (required)

Requestor:_____ Phone #: _____

Agency Name: _____

Additional User Account Information

User Name: _____

_____ Create New Network Folder _____ Update Existing Folder(s)

Full Path to be created (include new folder name): _____

If including Drive Letter provide network path to drive letter: _____

Users and/or Groups Needing Access:_____

Shared Folder will contain Sensitive information: ○ Y ◉ N

Level of Access: Read-Only _____ Modify _____ Restricted _____

____ Activate Mobile Devices: ____ Tablet ____ Cell Phone

Has the **Mobile Device Management** form been signed by the employee? ○ Y ◉ N

____ Additional Software Needed:

Program name: _____ Version # _____

Is there a license needed? ○ Y ◉ N

Resource Mailbox/Calendar & Distribution List Information:

New Resource Mailbox _____ or Resource Mailbox Access _____

Type of Resource: Shared (mailbox/calendar) _____ Equipment (projector, etc.) _____ Room (conference room) _____

Name of Mailbox/Calendar: _____
(The name should begin with the agency acronym e.g. OITS_resourcename)

Owner of Resource Mailbox/Calendar: _____

Users and/or Groups Needing Full Access: _____

Users and/or Groups Needing Send As Rights: _____

☐ Mailbox will need to be accessible on mobile device (e.g. mail enabled cell phone)

☐ Add User to Distribution List(s) noted in the below comments section

Comments:

Signature (required)

Requesting Authority/Division Director: _____ Date: _____

(Please provide signature or type in the name and send from requesting authority's email box)

Send completed and authorized request to: Email: EBITSM@ks.gov