## **DATABASE ACCESS REQUEST FORM**

Phone:

Date:

Form Completed By:

Server/System:									
DATABASE NAME	TABLE/VIEW/ROLE NAME	GRANT REQUESTED ACCESS TO:	ACCESS				EXPIRATION DATE		
	(Indicate schema name.table name)	(List network logonid's or names of individuals or groups)	S	<u> </u>	U	D	MM/DD/YYYY		
REASON FOR REQUE	ST								
AUTHORIZED SIGNAT	TURE	PRINTED NAME			[	DATE			
AUTHORIZED SIGNAT	TURE	PRINTED NAME	DATE						
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DATABASE ADMINIST	RATOR	PRINTED NAME				DATE			
ACTION TAKEN									