LONGWOOD
U N I V E R S I T Y

Privileged Account and Access Request Form

This form manages the creation and modification of staff and faculty Privileged Accounts and their given access. Once this form has been submitted to the Information Security Office, please allow one (1) week for the approval process to be completed.

Please list any and all reasons that a Privileged Account or Privileged Access is needed in the Justification field. For more information, refer to the Privileged Access Control Standard on the Information Security Website.

User Information: To Be Completed By Employee

Name: System Name/Tag#:

Department: Job Title:

Justification: _____
_____
_____
_____
_____
_____
_____
_____
_____

Applicant Signature: Date:

Supervisor Authorization: To be Completed by Supervisor

Supervisor Name:

Supervisor Signature: Date:

Information Security Office Authorization

Information Security Approving Authority: Approved ☐   Denied ☐

Comments:

Information Security Officer: Date: