

DocFinity Access Request Form

Prod / Test	Group Name	Grant Requested Access To:	Add Remove	Expiration Date

Reason for Request:_____

Authorized Signature:_____ **Printed Name:**_____ **Date:**_____

Per the *Access to Information Technology Resources and Systems Policy #6105*, a user cannot be listed above and then sign as the supervisor. If you need access, please fill out another form and obtain approval from your supervisor. (Note: Student access expires each May and must be re-requested if needed beyond that time.)

*All requests for student DocFinity access will require a secure student email account. Request that access here: <http://solomon.longwood.edu/media/information-technology-services/solomon/swarf-11-2-revision.pdf>