

**Controlled Access Area
Access Request Form**

Information Technology Division

1. _____
Last Name (Print) First Name Middle MTSU ID#: _____

2. Department: _____ Phone: _____

3. Job Title: _____ E-Mail: _____

4. **Status:** Staff Other _____

5. **This is a request for access** **Cope (CAB) Basement (other than Data Center)**

to (Choose All That Apply): **Cope (CAB) Data Center**

_____ **TCM Data Center/PBX Room**

_____ **Other (Specify) _____**

6. **Justification for access:**

7. **Applicant Signature:** _____ **Date:** _____

8. **Authorization:** As departmental representative, I approve the access requested above. If the requestor of this access leaves this department and/or severs ties with MTSU, I will notify ITD to remove the access.

Signature of Immediate Supervisor Date Phone

**Send completed form to Information Technology Division,
Asst. VP of Technical Services, CAB 217**

9. **Approved:**

Asst. VP of Technical Services: _____ **Date:** _____