**Server Account Request Form**

**Department of Comparative Medicine**

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| **Instructions**  |
| The User or User’s Supervisor must fill out all sections in **red**. The section in **blue** is for DCM IT Support use **only**. Once filled in, save a copy of the form and email it to cmedhelp@uw.edu. |

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| **User Information** |
| Name: |       |
| NetID: |       | Phone:  |       |
| Job Function: |       |

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| **Server Information** |
| File Server Drives: | [ ] “Q” (File Share Drive) [ ] “P”(Private Share Folder) |
| Access to these folders:  |       |
| Check one: |  [ ] Read Only [ ] Read/Write |

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| **Supervisor Information** |
| Supervisor: |       | Phone:  |       |
| Approved By:  |       | Date:  |       |

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| **Completed by DCM IT Support** |
| User       has been added to group(s)      . |
| Notes:  |       |
| DCM Tech:  |       | Date:  |       |