**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](mailto:cmedhelp@uw.edu). |

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

|  |  |
| --- | --- |
| **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: |  |

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