CM FOLDER ACCESS REQUEST FORM

Name of folder(s)/ folder number(s)

Rationale/reason for access

Level of access being requested

Read only   Update document and metadata   Contribute content

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Requesting staff member

Name _____   Dept./Unit/School _____

Phone _____   E-mail _____

You do not need to print this form.
Please save this form and e-mail it to us (Records Management) *Records Management Helpdesk*
We will liaise with the 'owning' department on your behalf, after ensuring that your request is complete.
For assistance, please call our Helpdesk on 32 31687 or records@usp.ac.fj

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Owning department consideration

Dept./Unit/School   *Advice to Records Management office*

_____

If decline, please provide a reason

_____

Level of access consent

Read only   Update document and metadata   Contribute content

Name   Position   Signature

_____   _____   ....

Owning department instructions:
Please print this form to enable you to signify your advice to the Records Management office.
For assistance, please call our Helpdesk on 32 31687 or records@usp.ac.fj

Records office use

___ Request reviewed in **Content** Manager

___ Request forwarded to 'owning' department on _____

___ Response from 'owning' department actioned in **Content** Manager by _____ on _____

___ Applicant advised of outcome.

Comments

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