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| utLogo3 | **APPLICATION FOR COPY CENTER ACCESS**  |

Use this form to request access to submit print requests to the UT Copy Center.

**Applicant Responsibilities**

1. Access is restricted to University employees performing official duties of their position.
2. Comply with the University’s policy on Responsible Use of Information Technology ([http://www.utoledo.edu/policy/index.asp?id=68](http://www.utoledo.edu/policy/index.asp?id=45)).

**Instructions**

1. Complete the Applicant Information below; add Indexes that can be used for copy requests.
2. Obtain supervisor approval.
3. Send completed form to **Gordon Chauvin, LR 2240, MS 454,** Gordon.Chauvin@UToledo.Edu

🡪 Questions can be directed to Joy Seifert at 530-8709 or Joy.Seifert@utoledo.edu.

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| **Applicant Information:** |
| Name (Last, First, Middle Initial): |  |
| Title/Position: |  |
| College/Department: |  |
| Rocket ID: |  | UTAD ID: |  |
| Mail Stop: |  | Phone #: |  |
| Employment Status: | [ ]  Faculty [ ]  Staff [ ]  Graduate Assistant [ ]  Student Assistant |
| Access Requested: | [ ]  New – no current access [ ]  Remove Access [ ]  Add – additional Indexes requested  |
| **Indexes:**  |  |
| **User Signature & Date:****(Signature indicates acceptance of applicant responsibilities)** |  |
| **Supervisor Approval:** |
| **Print Name:** |  |
| **Title/Position:** |  |
| **Signature & Date:** |  |
| **Phone #:** |  |

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| **Finance Office approval:** |
| **Signature & Date:** |  |

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| **To be completed by IT Copy Center Administrator:** |
| **Signature & Date:** |  |