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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](mailto: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:** |  |