

Remote Access Request Form

- I. Contact information of person requesting remote computing access and his/her sponsor/supervisor (the person who can verify the access need):

Remote User	Sponsor/Supervisor
Name:	
E-mail:	
Phone:	
Title:	
Lab/Group/Division:	

- II. Please describe how you will use remote access for departmental, school, or medical center operations?

- III. To what do you need access, or what kind of work do you need to do? (Please check all that apply)

√	Resource
<input type="checkbox"/>	Access to clinical applications such as PowerPath, 999 archive, etc.
<input type="checkbox"/>	Access to commercial applications such as Microsoft Office, Microsoft Visio, Lotus Organizer, etc.
<input type="checkbox"/>	Access to computer files stored on departmental servers such as Fileserver 1
<input type="checkbox"/>	Access to your Meeting Maker calendar
<input type="checkbox"/>	Access to the Pathology web server for editing web pages
<input type="checkbox"/>	Vendor access to servers for support of vendor-supplied equipment or software
<input type="checkbox"/>	Other (please specify):

Sponsor's/Supervisor's Signature: _____

PCS Oversight Committee Member Signature: _____

Request form and signed CryptoCard Usage and Responsibilities form should be submitted to one of the following for authorization:

Pathologists and Residents: Rodney Schmidt; 206-598-6462; Box 356100; UWMC Rm. BB-210L
 Administration and Research: Barb Prentiss; 206-543-9473; Box 357470; HSC Rm. C-516
 HMC and UWMC Staff: Kim Simmons; 206-598-6401; Box 356100; UWMC Rm. BB-220