

University of Mississippi
Office of Information Technology
Web Application Access Form

After completing the form, scan/email to sap@olemiss.edu.

Requestor:

Date (mm/dd/yyyy)

Web Application

Grant Access

Remove Access

List Name(s), WebID(s), & Employee Number(s) :

Authorized by: _____ Date: _____
(Dept. Head) Print Name Signature

Department: _____

Read and Initial:

I have discussed data security with these users and advised them to read and abide by all related policies on the University Policy Directory.

_____ (Initials)