DENTAL INFORMATICS

REQUEST FOR DELETION OF COMPUTER ACCOUNT

This form is intended to provide information to Dental Informatics in order to assist the UL Information Technology Security & Account Management unit in the deletion of separated ULSD staff/faculty and sponsored computer accounts.

I. Your Information

Full Name: Phone #:

Today's Date: Employee's Separation Date:

II. Sponsored Account Information

Individuals who are directly affiliated with the University such as Temp employees, grad students and student assistants will fall under sponsored accounts. If this does not apply to your request, skip to section III.

The Information Technology sponsored account policy can be found here:
http://security.louisville.edu/PolStds/ISO/PS020.htm

**Accounts can only be sponsored by a full-time university employed Unit Business Manager, the designated Tier I for the unit, the department chair, vice president or dean (or their designee)

Sponsor's Full Name: User ID:

Sponsor's Employee ID: Department:

Phone:

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III. Account Holder Information

Account Holder's First name: Account Holder's Last Name:

Account Holders' Middle Name: Account Holder's Date of Birth:

Account Holder's Phone#:

Please provide details any other information that would be useful to Dental Informatics in the deletion of the end users account: