

Babson College Account View Request

NAME:	_____
STATUS:	_____ FT _____ PT
DEPARTMENT:	_____
SUPERVISOR/DEPT. HEAD:	_____
DATE OF HIRE:	_____
POSITION TITLE:	_____
REASON for ACCESS REQUEST:	_____

SUPERVISOR Signature: _____ Date: _____

Babson Financial Services Signature: _____ Date: _____

NETWORK INFORMATION

WHAT ACCOUNTS SHOULD THE EMPLOYEE BE AUTHORIZED TO ACCESS? (Indicate unique numbers and/or ranges, and names.)

<u>Business</u>	<u>Management Centers</u>	<u>Activity Codes</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note:

The information utilized by the Babson community is a very important asset of the institution and is governed by various laws of privacy and confidentiality. It is the responsibility of all community members to protect the institution's information assets and to ensure the proper and ethical use of these assets at all times.

Netifex Account created by: _____ Date: _____

