Computer Management Exception Form

Request for Administrative Privileges Form for Pathology Computers on the network.

NAME (please Print): _____ DATE: _____
TITLE: _____ _____DIVISION: _____

RATIONALE:

Describe the problem and how it is affecting the current operation or will affect future operation. How will the proposed granting of administrative privileges resolve the problem?

_____
_____
_____

Computer Name: _____

Location: _____

COMMENTS:

_____
_____
_____

By signing below, I confirmed that I have read the Department of Pathology IT Policy and University Policy on Software Use and agree with them and must comply with the following:

- Do not allow anyone to use your user name and password to get into the computer system.
- Do not install new software applications or drivers unless they have been certified by PathIS.
- Do not install any OS Utility Software on the machine.
- Do not make any changes to the security settings on the computer system's OS.
- Do not remove any Pathology IS software applications installed on the computer system.
- Do not add or remove any computer system hardware.
- If the computer or laptop is encrypted, do not remove the encryption software.

_____

Signature and Date