Documentum Access Request Form

Send completed form to Rob Saunders in D.I.S. at John Dodge House

NAME:		Title:	
SUPERVISOR NAI	ME:	Title:	
DATE:		DEPARTMENT:	PHONE #:
-			
Business reason	for requiring th	nis access:	
Action(Add or	View	Level of Access	
Remove)	Name	Ecver of Access	
Hemovey	AXGAVIEW	All document types	
	AXVIEW	All document types except f	or Gift Batch Backups
	AXERVIEW	Endowment Reports only	
	AXSCAN	Scanning	
		9	
By signing this fo	rm, I agree to	use Documentum for the pur	poses described above and I agree to handle
information abou	ut the constitu	ents with respect and confide	ntiality.
Signature of Documentum User:			Date:
Signature of Documentum User's Supervisor:			Date:
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Access Authorized By:			Date: