

**SCHOOL DISTRICT OF PHILADELPHIA INFORMATION TECHNOLOGY REQUEST FOR FILE SHARE ACCESS**

**PLEASE PRINT CLEARLY**

Employee Full Name User Name Mother's Maiden Name

Email Address Org Number and Name Work Phone #

File Share Name: (example: "HR on Filer10")

Level of Access: (check one)  Read-Only  Read / Write Access duration: (check one)

Permanent  Temporary (Until \_\_\_/\_\_\_/\_\_\_) Special Instructions / Notes:

**Fax this Request to the Data Operations Center -- 215-400-4441**

Requestor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have read and will comply with the terms of the Philadelphia School District's Computing and Internet Acceptable Use Policy, as defined at the website <http://www.phila.k12.pa.us/aup>.

Approved by (please print) \_\_\_\_\_  
Administrator Name, Title

Authorizing Signature \_\_\_\_\_ Date: \_\_\_\_\_

I approve this user's access to the School District's computer resources.