



ITD Server Room Access Request Form

UNE Staff Request

Name: _____

Staff Number: _____

Position: _____

Contact Number: _____

email: _____

☐ Key Access required

☐ Card Access required

Date required from: _____ to: _____

☐ I have read and understood the responsibilities outlined in the IT Server Access Procedures document.

Name: _____

Date: _____

Signature: _____

Contractor Request

Name of Contractor: _____

Company Name: _____

ABN: _____

Contact Number: _____

email: _____

☐ Key Access required

☐ Card Access required

Reason access is required: _____

Date required from: _____ to: _____

☐ I will ensure the Contractor is aware of their responsibilities as outlined in the IT Server Access Procedures document.

Requested by:

Name: _____

Position: _____

Signature: _____

Date: _____

Approved By:

☐ Director IT

Signature: _____

Date: _____

or

☐ Associate Director (Infrastructure) Signature: _____

Date: _____

or

☐ IT Security Manager

Signature: _____

Date: _____

Please email the completed and approved form to IT Business Services at itoffice@une.edu.au

IT Business Services use only

Card Number/Key number issued (if applicable): _____

Request completed by (IT Business Services staff member)

Name: _____

Date: _____

Signature: _____

Collected by

Name: _____

Date: _____

Signature: _____

Returned by

Name: _____

Date: _____

Signature: _____