



Cayuse Access Request Form

ALL FIELDS AND SIGNATURES ARE REQUIRED

Send completed request forms to Jeanmarie.Johnston@jefferson.edu and resadmin@jefferson.edu.

Date Requested: _____ Requestor Name: _____

Employee Name and Campus Key: _____

Employee ID #: _____ Title: _____

Dept. ID #: _____ Department: _____

Phone: _____ Email: _____

Supervisor's Name (Printed): _____

Supervisor's Signature: _____

Type of Access Requested

New Change in Access

Temporary Change

Start Date: _____ End Date: _____

Reason for Access or Change in Access

ORA Approval: _____ Date of Approval: _____