DoR Access Consent Form

_____
Enter: Building No. 0000 & Name, above

The following individual (NET ID / NAME / TITLE / COLLEGE, UNIT, OR DEPARTMENT/ PRIMARY or SECONDARY ACCESS) should have electronic access to the above building's Division of Responsibility documents via the *my.FS Portal*:

Enter: COLLEGE, UNIT, OR DEPARTMENT NAME: _____

I hereby grant the following individual (or myself) as the Primary Contact for the named building and named College, Unit, or Department related to electronic access to building Division of Responsibility documents. I understand the Primary Contact is the only person authorized to add or delete Secondary Contacts to the DoR document access list for the named building and College, Unit, or Department.

NET ID (Name)	NAME	TITLE	COLLEGE, UNIT, OR DEPARTMENT NAME	PRIMARY CONTACT*
				Primary

*Only one person may be designated as the Primary Contact per Building per College, Unit, or Department
Enter all items that are red.

Authorized by
Signature:

_____   _____
PRINT: NAME & TITLE (Signature required above) _____   DATE

PRINT: COLLEGE, UNIT, OR DEPARTMENT   _____

Primary contact must be authorized by the Dean, Director, or Department Head.

NET ID (Name)	NAME	TITLE	COLLEGE, UNIT, OR DEPARTMENT NAME	SECONDARY ACCESS
				Secondary
				Secondary
				Secondary
				Secondary
				Secondary
				Secondary

Authorized by Primary Contact* for this building and College, Unit, or Department
Signature:

_____   _____
PRINT: NAME & TITLE (Signature required above) _____   DATE

PRINT: COLLEGE, UNIT, OR DEPARTMENT   _____

*Only Primary Contacts can add or delete Secondary Contacts.
Enter all items that are red.