

SAS Packet Depository System Access Form

Use this form to Request Department Access to the SAS Packet Depository System.

Please complete all fields. PRINT CLEARLY.

Email completed form to: Nadia Meyer (nmeyer@sas) OR Sunita Jagtiani (sjagtiani@sas)

Department(s) or Program(s) Name: _____

DEPARTMENT ACCESS

Request Access

Delete Access

NAME: _____
LAST FIRST

TITLE: _____

NETID: _____

DEPARTMENT APPROVAL

(If access is requested for someone other than chair or Program Director, this access form MUST be signed by either the department chair or program director)

Name: _____ Signature: _____ Date: _____

<i>For Dean's Office use only:</i>		
Personnel Office Approval: _____		
Name (First and Last)	Signature	Date
Date Entered System: _____	Initials of Enterer: _____	