



Arkansas State University

Form to Establish Departmental Network File Share

(All fields are required.)

Requesting Department

Date

College/Division

Submitted by

Department

Department Phone

Requestor Email Address

List of all Usernames that will need access to network share. (All users will have identical access. No granular permissions will be granted.)

Designate two individuals that are responsible for group membership changes. (All future member changes will be requested by one of the designated managers.)

Do NOT send this form through Interdepartmental Mail

Please email, hand deliver or fax to its_systems@astate.edu. Information Technology Services, 2713C Pawnee St. The fax number is 870-972-3839.

Please allow at least 2 days for processing.