

**BROWARD COMMUNITY COLLEGE**  
**Information Technology**  
**(Novell/Mainframe/Groupwise)**  
**COMPUTER NETWORK SECURITY CHANGE REQUEST FORM**

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*Delete*

*Change*

*Transfer*

**A – User Information**

❶ Full Name: \_\_\_\_\_ PID#: \_\_\_\_\_

❷ Title: \_\_\_\_\_ ❸ Department: \_\_\_\_\_

❹ Campus:  Central  Weston  WHC  North  South  Pines Ctr.  Miramar/Automotive  Overseas Ctr

❺ Location: (Bldg.#) \_\_\_\_\_ (Room#) \_\_\_\_\_ ❻ Phone#: 954-201- \_\_\_\_\_ ❽ Fax#: 954-201- \_\_\_\_\_

❿ Job Title/Position:  Full-Time Career Employee  Part-Time Employee  Administrator  
 Full-Time Faculty  Adjunct Faculty  Outside Consultant

**B – Groupwise Email**

Yes, Groupwise Access  No, Groupwise Access

FR: \_\_\_\_\_ TO: \_\_\_\_\_

**C – Faculty Web Page Access**

Old Department/Organization I maintained: \_\_\_\_\_

New Department/Organization to maintain: \_\_\_\_\_

**D – Novell/NDS Access for Student Workers** (Access is needed to view pay stub)

- Creation of H: drive, Personal storage drive (**not** needed to view pay stub)
- Access to S: drive, College wide shared drive (**not** needed to view pay stub)
- Access to P: drive, Departmental drive (**not** needed to view pay stub)

**E – Employee & Supervisor Authorization**

User Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print Name: \_\_\_\_\_

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**Notes:**

**For special situations/circumstances:**

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\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Supervisor Signature

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*Keep a copy of this form for your records. **Send the completed and signed form to: Help Desk, DTC***