

BROWARD COMMUNITY COLLEGE
Information Technology
(Web Authoring Manager)
WAM! SECURITY REQUEST FORM

Add User Modify User

Faculty, Staff, Student

Important: Please note that in addition to receiving security approval via this form, attending a training class is required in order to gain access to WAM! Contact Staff Development for training class availability.

A – User Information - Fill out options: A,B, & D

❶ Full Name: _____ Novell UserName or Student Email Address & pin # _____
(Student worker must have a BCC Student Email Account)

❷ Title: _____ ❸ Department: _____

❹ Campus: Central Commercial WHC (DTC) CHSE North South Overseas Ctr. Pines Ctr. Miramar

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

❿ Job Title/Position: Full-Time PTS Employee Part-Time PTS Employee Student – Fill in email address & pin # above
 Full-Time Faculty Adjunct Faculty Student Worker – Fill in Novell UserName above
 Administrator Outside Consultant Other _____

B – WAM! Departmental Communities Requested

(Write in the communities and select the roles for each community for which you require access)

_____ Administrator Approver Author

_____ Administrator Approver Author

_____ Administrator Approver Author

_____ Administrator Approver Author

C – Faculty Web Pages

Yes, I will require access to create/maintain my own personal web space on the BCC site via WAM!.

No, I will not require access to create/maintain my own personal web space on the BCC site via WAM!.

D – Employee/Student & Supervisor Authorization

User Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

Please Print Name: _____

Web Team Use Only

LDAP Roles Required:

_____ _____ _____

_____ _____ _____

_____ Date: ____/____/____

Authorized Web Team Signature

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