

**BROWARD COMMUNITY COLLEGE  
Information Technology**

**WEB TEMPLATE SECURITY REQUEST FORM**

Add       Change       Delete

**A – User Information – Fill out options: A, E & Web Template access you’re requesting**

- ① Full Name: \_\_\_\_\_  
 ② Title: \_\_\_\_\_ ③ Department: \_\_\_\_\_  
 ④ Campus:  Central  Commercial  DTC  CHSE  North  South  Overseas Ctr.  Pines Ctr.  Miramar  
 ⑤ Location: (Bldg.#) \_\_\_\_\_ (Room#) \_\_\_\_\_ ⑥ Phone#: 954-201- \_\_\_\_\_ ⑦ Fax#: 954-201- \_\_\_\_\_  
 ⑧ Job Title/Position:  Full-Time Career Employee  Part-Time Career Employee  Administrator  
 Full-Time Faculty  Adjunct Faculty

**B – Program of Study Template – Data Access**

Please complete the information below to access web pages for Program of Study. Program Study Templates must be signed by the Individual responsible for the specified Program of Study.

<u>Program Name</u>	<u>Access Type</u>	<u>Program Name</u>	<u>Access Type</u>
_____	<input type="checkbox"/> Add/Edit <input type="checkbox"/> Approve	_____	<input type="checkbox"/> Add/Edit <input type="checkbox"/> Approve
_____	<input type="checkbox"/> Add/Edit <input type="checkbox"/> Approve	_____	<input type="checkbox"/> Add/Edit <input type="checkbox"/> Approve
_____		_____/_____/_____	Date
Program of Study Authorized Signature			

**C – Department Web Pages – Data Access**

Please complete the information below for access to Department Web Pages.

<u>Department</u>	<u>Cost Center#</u>	<u>Access Type</u>
_____	_____	<input type="checkbox"/> Add/Edit <input type="checkbox"/> Approve
_____		_____/_____/_____
Department Head Signature		Telephone Ext#      Date

**D – Campus Web Pages – Data Access**

Please complete the information below for access to Campus Web Pages. For access to additional campuses, please complete a separate form for each campus.

<u>Campus</u>	<u>Access Type</u>
<input type="checkbox"/> Central <input type="checkbox"/> Commercial <input type="checkbox"/> DTC <input type="checkbox"/> CHSE <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> Overseas Ctr. <input type="checkbox"/> Pines Ctr. <input type="checkbox"/> Miramar	<input type="checkbox"/> Add/Edit <input type="checkbox"/> Approve
Provost Signature: _____	Date: ____/____/____

**E - Employee Signature:**

\_\_\_\_\_  
 Employees Signature      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Web Team Use Only**

\_\_\_\_\_  
 Web Team Authorized Signature      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Helpdesk Security Use Only**

**Ticket#** \_\_\_\_\_

\_\_\_\_\_  
 Helpdesk Authorized Signature      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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