



DUAL ENROLLMENT SECURITY ACCESS REQUEST FORM

<u>First Name:</u>	<u>Middle Initial:</u>	<u>Last name:</u>	<u>Date:</u>
<u>Department:</u> DUAL ENROLLMENT	<u>Title/Position:</u> DUAL ENROLLMENT FACULTY	<u>Location:</u> OFF-CAMPUS	<u>Empl ID:</u>
<u>Telephone No:</u>	<u>Request Type:</u> DUAL ENROLLMENT FACULTY	<u>Business Email:</u>	

SIS (STUDENT INFORMATION SYSTEM): <input type="checkbox"/> Faculty Access: Print Class Rosters, Enter Grades, etc.

I agree to comply with the enclosed Southwest Virginia Community College's Security Awareness Tips.

<u>Employee's Signature:</u>	<u>Date:</u>	
SWCC Authorizing Signature	<u>Date:</u>	
<u>SIS Data Owner's Signature:</u>	<u>Date:</u>	

VP of Instruction Use Only

SIS		<u>Date:</u>	
<u>Set to activate by:</u>			

Technical Support Services Use Only

<u>User Empl ID:</u>	
<u>SIS Copy ID:</u>	WWEB-Instructor
<u>SIS Processed by:</u>	
<u>System Owner Signature:</u> (Director of Technical Support Services)	<u>Date:</u>