

**Southwest Virginia Community College**  
**Administrative Rights Request Form**

This form documents the process in which an employee requests local or domain administrative rights for their computer.

**Employee Name:** \_\_\_\_\_ **EMPLID:** \_\_\_\_\_

**Faculty**     **Staff**     **Other:** \_\_\_\_\_

**Employee Phone Number:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Requesting Rights For:**    **Local**     **Staff Domain**     **Student Domain**

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**ISO Signature:** \_\_\_\_\_

**CIO Signature:** \_\_\_\_\_

**Access Approved**                       **Access Denied**

**Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_  
**Denied by:** \_\_\_\_\_