Local Administrative Rights

Request for Local Administrative Privileges

Name:

Department:

Building: _____   **Room/Location:** _____

Workstation / Device Name: _____

Justification/Need: _____

_____

_____

_____

_____

I have read, understand and agree to comply with these Procedures and assume the responsibility of Local Administrative Privileges: https://it.cuimc.columbia.edu/local-admin

Signature: _____

Date: _____

Supervisor/Manager: *I confirm that my subordinate named above requires Local Administrative Privileges to perform work as described and I approve the granting of such access.*

Name of Supervisor/Manager: _____
     (printed)

Signature: _____

Date: _____

❖ *Please submit for approval as a scanned PDF attachment by email* ❖

CUIMC IT Director Desktop Services or designee Approval

Name: _____
     (printed)

Signature: _____

Date: _____