



REQUEST/REVOKE ACCESS TO DATABASE/SYSTEM

CUSTOMER'S INFORMATION			
Name			
Staff No		Designation	
Ext/Mobile		Email (@iium)	
Department/Unit		KCDIO	

NATURE OF ACCESS REQUEST			
<input type="checkbox"/>	Request Access to database/system	<input type="checkbox"/>	Revoke Access to database system
<input type="checkbox"/>	Others (Please specify)		
Name of previous staff in charge at your department/unit			
SYSTEM DETAILS			
Name of the system			
Job Roles			
Modules			
ADDITIONAL INFORMATION/DETAILS OF REQUEST			

RECOMMENDATION	RECEIVED BY MSD IT
Dean/Director/Head of Department/Head of Section/Head of Unit/Assistant Director/IT Coordinator Signature Official Stamp	Date: Name: Service Desk ID:

FOR OFFICE USE ONLY			
Access Status/Notes			
Completed Date		Signature Staff in Charge	
SUPPORT NO : 2409/3984/2408/5812/4099		FAX : 0361964998	EMAIL : msd_it@iium.edu.my