



## Information Technology Services Datatel Access Request Form

All requests for use of IT resources will be governed by the Bergen Community College [Acceptable Use Policy](#).

**Employee Name** \_\_\_\_\_ **Employee College ID#** \_\_\_\_\_

**Department** \_\_\_\_\_ **Employee Telephone #** \_\_\_\_\_

**Room #** \_\_\_\_\_

**Select employee status:** Permanent Faculty/Staff    Temporary Staff    Adjunct Faculty/Lecturer

**What is the employee's Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If temporary staff, enter employment termination date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please circle access request type:**    New Account Request    Modify Existing Account

**If this user has an existing account, please provide the user ID:** \_\_\_\_\_

**Please specify security clearance, and list specific screens they need access to:** \_\_\_\_\_

**Additional Requests or Comments:** \_\_\_\_\_

President's Cabinet Member's authorization is required for Colleague/Datatel Access.

_____ Supervisor Name (Please Print)	_____ Supervisor Signature	_____ Date
_____ President's Cabinet Member (Please Print)	_____ President's Cabinet Member Signature	_____ Date