



COMPUTER ACCESS REQUEST FORM

INFORMATION

Date Requested: _____
Employee Name: _____ Employee Department: _____
E-Mail Address: _____ Phone/Extension: _____

INQUIRY DETAILS

Please complete the following information below: Email Access Computer Access OneDrive Access

Former Employee Name: _____ Former Employee Email: _____
Employee ID#: _____ Username (Ex. abc33): _____
Former Employee termination date: _____

Access needed for the following reason (NOTE – Attach all supporting documentation):

**Dean/Dept.
Administrator
Approval:** _____

Date: _____

**Complete the form and send it to the attention of:
Dawn Decker, Legal Secretary
Office of the General Counsel
Mailing Address: The Left Bank, 3180 Chestnut Street, Suite 101, Philadelphia, PA 19104;
Email: dmd442@drexel.edu**

All inquiries will be addressed within 48 hours of receipt.

FOR OFFICE OF THE GENERAL COUNSEL ONLY

Date Replied: _____

Legal Signature: _____

Comments:

