



Alverno College Faculty/Staff Campus Network SHARED FOLDER (U: DRIVE) REQUEST

INSTRUCTIONS:

- ✓ Completion of this form is required for creation of and/or changes to Shared Folders.
 - ✓ **Complete this form, and RETURN ALL COPIES to the Tech Services mail drawer.**
 - ✓ A copy of this form will be returned to you when the folder is approved and created or edited.
 - ✓ A copy of this form will also be sent to the Department Director/Division Chair.
- Saving documents to the shared folder counts against the logged-in user's disk space quota.**

Request for NEW Folder. Preferred Folder Name: _____

Request CHANGES to Existing Folder: _____
(name of folder)

Department Name: _____ Date: _____

Contact Person: _____ Extension: _____

Department Director/Division Chair:

(print name) (signature of approval is required)

If request is for non-departmental use, please indicate reason for request:

List users (faculty/staff only) who are authorized to access folder.

Note: It is the Contact Person's responsibility to notify Tech Services of changes to the list (add/remove users).

Add/Remove	Name: (ex. Jane Johnson)	Add/Remove	Name: (ex. Jane Johnson)
------------	--------------------------	------------	--------------------------

ACCOUNT INFORMATION: FOR TECH SERVICES USE ONLY

Create/Add/Remove Date: _____ Completed by: _____

To Be Distributed by Tech Services: White: Tech Services ◇ Yellow: Contact Person ◇ Pink: Department Director/Division Chair