

Active Directory Security Contact Form

To: AIS Customer Help Center/Thomas Porter
Room 2 Administration Bldg.

From: _____
Name of Unit Head/System Owner Title

Authorizing Signature of Unit Head/System Owner Date

Department/ College

Office Address

Phone E-mail address

Subject: **Department Security Contact**

The Department Security Contact is responsible for, and may authorize AIS AD access for employees of this department.

Name of Department Contact (Sys Admin) Title

Authorizing Signature of Department Contact (Sys Admin) Date

Department/ College

Office Address

Phone E-mail address