

## Secure Web Access Request Form

(use one form per user access requested)

**Access Requested For** ( *one box*)

Calendar  News  Other

*Description:* \_\_\_\_\_  
i.e., Grand Rounds Calendar, Events Calendar, Departmental News, Faculty News

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Building: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Room: \_\_\_\_\_ Locator Code: \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Classification** ( *one box*)

Faculty  Resident  Staff  Post-Doctorate  Grad Student  Administration

I understand that it is against the University of Miami School of Medicine computer policy to distribute my login and password to anyone. If I am found in violation of this policy I understand that my computer privileges may be revoked immediately and other penalties according to the policies of the University of Miami and/or Jackson Health System.

Please Return Signed Form To:

**Fax: 305-243-1860**

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Supervisor Department/Division Signature

\_\_\_\_\_  
Department/Division Chair Name

\_\_\_\_\_  
Department/Division Chair Signature

**MEDICAL WEB SERVICES USE ONLY**

\_\_\_\_\_  
Login ID: \_\_\_\_\_

\_\_\_\_\_  
Password: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_