



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

## DOM-IS Local Administrative Privileges Request Form

**Requestor Printed Name:** \_\_\_\_\_

I, the undersigned, request administrator privileges on/for the computer named below. I further understand and agree to abide by the DOM-IS Standard policy addressing "Local Administrative Privilege." I have reviewed the DOM-IS policies and procedures specified in this document. I understand all security privileges granted in conjunction with this request will be reviewed at least annually and may be revoked at any time without prior notice for any reason. By signing below, I acknowledge that I consent and also have received a copy of this form.

**Reason for**

**Request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Desired Effective Date** \_\_\_\_\_ **Computer Name or MAC Address** \_\_\_\_\_

**Submission Date:** \_\_\_\_\_

**Requestor Signature:** \_\_\_\_\_

**Supervisor Approval Signature:** \_\_\_\_\_

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

**Return completed form to: DOM-IS @ CB 7005, 43C Macnider Hall, 27599**

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**DOM-IS Administration**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Allowed with Changes \_\_\_\_\_

Reviewer \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Comments or Requested Change Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_