Document Imaging Access

Request / Change Form

Employee Name: _____

Employee ID:_____

Employee Short Name:_____

Supervisor Signature:_____

Repository Name	**Access Requested (See Below)**	**Add**	**Delete**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1	View	View Documents in the Imaging System
2	Print	Print Documents in the Imaging System
3	Create/Edit Annotations	Create/Edit Annotations that user initiates
4	Create/Edit Redactions	Create/Edit Redactions that user initiates
5	Global Annotations	Edit all annotations

Please email completed form to imaging@okstate.edu or mail to:

University Imaging
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Stillwater, OK 74078