

AIS Use Only
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MICHIGAN STATE
UNIVERSITY

AIS Use Only
USER CODE

AIS Use Only
Document Number

Administrative Information Services Access Request Memorandum

Send to: Customer Help Center
Room 2 Administration Bldg -- Phone: 353-4420 Ext 311

Requestor's Information

Name (Printed)	Phone	Date Prepared	Date Needed
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Type of Request (Check One)

<input type="checkbox"/> Add this User	<input type="checkbox"/> Change this User	<input type="checkbox"/> Delete this User	<input type="checkbox"/> Application Setup (AIS Use Only)
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User Information

Full Name	Address	Phone	Employee ID
Descriptive Job Title	Department Name	Common Unit Code	Account #

For Authorized Signers Only:

Signature & Printed Name of Unit Head or Security Contact Responsible for User	Date:
Signature & Printed Name of Application Steward Responsible for Application Data	Date:

This Section to be Completed by Administrative Information Services

User ID(s)	Comments:	Completed By
		Completion Date