

Remote Access Request Form

- I. Contact information of person requesting remote computing access and his/her sponsor/supervisor (the person who can verify the access need):

	Remote User	Sponsor/Supervisor
Name:		
E-mail:		
Phone:		
Title:		
Lab/Group/Division:		

- II. Please describe how you will use remote access for departmental, School, or Medical Center operations?
- III. To what do you need access, or what kind of work do you need to do? (please check all that apply)

√	Resource
	Access to clinical applications such as PowerPath, 999 archive, etc
	Access to commercial applications such as Microsoft Office, Microsoft Visio, Lotus Organizer, etc.
	Access to computer files stored on departmental servers such as Fileserver1
	Access to your Meeting Maker calendar
	Access to the Pathology web server for editing web pages
	Vendor access to servers for support of vendor-supplied equipment or software
	Other (please specify)

Sponsor's/Supervisor's Signature: _____

PCS Oversight Committee Member Signature: _____

Request form and signed CryptoCard Usage and Responsibilities form should be submitted to one of the following for authorization:

Pathologists and Residents: [Rodney Schmidt](#): 206.598.6462 Box 356100 or UWMC Rm. BB-210L
 Administration and Research: [Barbara Peterson](#): 206.543.9473 Box 357470 or HSC Rm. C-516
 UWMC Staff: [Kim Simmons](#): 206.598.6401 Box 356100 or UWMC Rm. AA-111G
 HMC Staff: [Li Clarke](#): 206.731.2166 Box 359791 or HMC Rm. 2EH-88.3