



Deliver or fax the completed form to: Workforce Management
 200 Broadway
 Suite 120
 New Orleans, LA 70118
 Fax # (504) 865-6727

Please check one:

- Request for new access
- Request to modify access
- Request to delete access

User Information: Last Name: _____ Title: _____ First Name: _____ Phone: _____ User I.D. _____ @tulane.edu	Organization Information: Organization Name: _____ Mailing Address: _____ Department Head: _____
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Responsibility/Role	Access Org # <small>(separate multiple org#'s with commas, separate a range of org#'s with a dash)</small>
Initiator	
Department Head	
Plus One	
Budget Office	
Research Office	

Applicant

I acknowledge that all work performed via this account has been duly authorized and approved. I am aware that this account is for my exclusive use and I will not divulge my assigned login ID and password to anyone else.

 Applicant (print name)

 Applicant's Signature

Plus One Authorization

 Authorized by (print name)

 Authorized Signature