

**USER INFORMATION**

NAME: \_\_\_\_\_ DU ID#: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ USERNAME (Enter NEW for new users): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

**Please answer the questions below:**

1. Do you need to view:  
 Location Reports
2. Do you need to update:  
 PLU Lists  
 Keyboards

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

Form Prepared By: \_\_\_\_\_ Preparer's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**APPROVING SIGNATURES**

Comments:

Appropriate Security Classes:

\_\_\_\_\_  
1. Sodexo General Manager Date

\_\_\_\_\_  
2. ID Card Office Manager Date  
*Darren Moitzfield, ID Office (fax: 14662)*

\_\_\_\_\_  
3. AIS (fax: 17998) Date

After obtaining all required signatures, please submit this form to Administrative Information Services (AIS) for processing.