Authorization of Data Access Form

Request for access to data stored on college systems that is owned by or created by another individual.

Employee Name: _____   Bergen Username: _____   ege   _____

Department: _____   Room #: _____ Phone#: _____

Original owner of data: _____

Description of requested data: _____

_____

_____

_____

Justification for data access: _____

_____

_____

_____

Additional Information/Comments: _____

_____

_____

_____   _____   _____
Supervisor Name (print)   Supervisor Signature   Date

_____   _____   _____
President's Cabinet Member (print)   President's Cabinet Member Signature   Date

Submit this form with all signatures to the Help Desk in **L154B or** scan & send to **helpdesk@bergen.edu**.

All requests for use of IT resources will be governed by the Bergen Community College
Acceptable Use of Information Technology Policy.