

Document Management System Access Request Form

Employee Name: _____ Bergen Username: _____ College ID# _____

Title: _____ Department: _____

Status: FT Faculty FT Staff PT or Temp Staff Adjunct Faculty Lecturer

Access required for: Laserfiche Kofax

Laserfiche Access: Provide document types to access in Laserfiche.

Kofax Access: Provide batch classes and documents types to access in Kofax.

Supervisor Name (print)

Supervisor Signature

Date

Dean/Managing Director (print)

Dean/Managing Director's Signature

Date

FOR IT INTERNAL USE:

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