University of Arkansas Libraries
IT Authorizations Form

Date: __________________

Name: __________________________________________
   (Last) (First) (M.I.)

Employee ID: ____________________________
UA Email account: ____________________________

Department(s): ____________________________
Positions: ____________________________

Supervisor: Please indicate the logins needed, below. Supervisor’s Signature: ____________________________

☐ Check if a copy should be sent to the Supervisor upon completion.

☐ People Admin     ☐ BASIS    ☐ ISIS     ☐ OCLC     ☐ RazorBuy __________

Set up by Library ITS

☐ Active Directory     ☐ Part of Library Faculty AD group

☐ Sierra: ____________________________     ☐ CONTENTdm: ____________________________

Date Completed: ____________________________
Initials: ____________________________

Set up by Web Services

Web Admin functions: ☐ Calendar     ☐ Public Classes     ☐ Eresources     ☐ Supplies

Other: ____________________________

Date Completed: ____________________________
Initials: ____________________________

Set up by ARS Division

☐ When to Work: ____________________________     ☐ DeskTracker: ____________________________

☐ LibGuides
☐ LibAnswers

☐ QuestionPoint: ____________________________
☐ Other: ____________________________

Date Completed: ____________________________
Initials: ____________________________

Received in HR: ____________________________
Employee Exit: ____________________________