

**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 UAConnect OCLC RazorBuy _____

Set up by Library IT

Active Directory Part of Library Faculty AD group

CONTENTdm: _____ other: _____

Date Completed: _____ Initials: _____

Set up by Web Services

Sierra: _____ Web Admin: _____

Date Completed: _____ Initials: _____

Springshare / LibApps

LibGuides: _____ LibAnswers: _____

LibCal: _____ LibInsight: _____

Set up by User Services

When to Work: _____ QuestionPoint: _____

Other: _____

Date Completed: _____ Initials: _____

Received in HR: _____

Employee Exit: _____

Initials: _____