**University of Pittsburgh**
Computing Services and Systems Development

# Online Departmental Telecommunications Bills Access Request Form

*Version Date 09/10/08*

Use this form to request or modify access to Departmental Online Phone Bills, which are available through the my.pitt.edu Web portal. This form must be completed and signed by a chair or department head.

For each department code, you may grant access to a maximum of three people in your department by indicating their valid University Computing Account username.

You can grant access to users at the project level for accounts beginning with 05 (sponsored projects). If you wish to grant a user access to only one or more specific projects, indicate the six-digit project code. If you do not wish to restrict users to a specific project code, leave the Project Code column blank.

## User Information

***To be completed by the requestor—please print clearly.***

| Name( Last, First) | Phone Number | University Computing Account Username |
|---|---|---|
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| | | |
| | | |

## Request Access For:

***To be completed by the requestor's Security Contact***

| Entity | Dept | SubCode | Purpose | Project | **Future Purpose or Project Codes | User 1 | User 2 | User 3 |
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**** Initial here if you would like the user to automatically have access when new purpose or project codes are created for this department number.**

## Remove Access For:

| Entity | Dept | SubCode | Purpose | Project | **Future Purpose or Project Codes | User 1 | User 2 | User 3 |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

***Person to contact once change has been completed:***

_____ _____ _____

***Name*** ***Phone Number*** ***Email Address***

*Please complete and mail to the **CSSD Receptionist in 727 Cathedral of Learning** or fax to **412-383-7813**.*
*Questions? Contact the University's Technology Help Desk at **412-624-HELP [4357].***

*By signing below, I authorize CSSD to grant or remove access to the indicated online telecommunications billing records for each individual listed on this form.*

_____ _____

***Department Chair or Head Name*** ***Department Name***

_____ _____

***Signature*** ***Date***

***CSSD Internal Use Only***

_____ _____

***Date Processed*** ***Remedy #***