SENTRY FILE ACCESS FORM

PLEASE FILL OUT ON COMPUTER

Opening Account ☐   Closing Account ☐   Name/Position Change ☐

Department: _____   Date: _____

First Name: _____   Middle Name: _____   Last Name: _____

ID Number: _____   Preferred Name: _____

Email: _____

Position Title: _____   Office Location: _____

What is your seminary ext. (4-digit, calls directly to you, not to your office/secretary)? _____

Is this user replacing another? If so, whom? _____

Date of previous user's last day: _____

Which cabinets will you need access to? _____

_____

Print Name of Authorizing Supervisor: _____

Signature of Authorizing Supervisor: _____

For Campus Technology Use Only

Date Received: _____

Added to/ Removed From Sentry File: ☐

Added To/ Removed From Copier: ☐   Copier Name: _____

Date Notified: _____

SF: _____