University of North Georgia
Department of UNG Card Services

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

Date access is to be granted: __-__-____
(mm-dd-yyyy)

Access requested: _____

_____

Please include all details: If the user will have identical access to someone else, and/or also include any particular job roles, specific menu items, as well as access to specific forms or reports.

Position Title: _____

Department: _____

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Campus Telephone #: _____ Office Location: Building: _____
Room #: _____

Accepting access to Lenel means that you agree to comply with UNG policies and with applicable state and federal laws dealing with appropriate, responsible and ethical use of Lenel. It is not the responsibility of UNG Card Services to ensure user compliance with UNG Card Services or UNG policy(s). It is the responsibility of the user to be aware of the existing policies and to adhere to their guidelines. In addition, UNG Card Services claims no responsibility for the effects of egregious, reckless or ill-advised actions undertaken by users of Lenel.

Signature: _____

Please Contact UNG Card Services at card-dah@ung.edu or call 706-864-1404 for any questions regarding this document or if you need this document in another format.