KENYATTA UNIVERSITY
Transforming Higher Education...Enhancing Lives

System Access Request

Date: _____

User Details

Access required to System/Application

☐ New User ☐ Existing User ☐ Deletion of User

Surname: _____ Other Names: _____

PF No. /ID No. _____ Job Title: _____

Department/School/Campus _____

Work telephone number _____Cell Phone Number _____

Email Address _____

Access required to function (s): _____

_____

Authority Level where applicable _____

I acknowledge that:

a) My Password will at all times remain confidential to me
b) I will take all necessary precautions to ensure that no an authorized persons can gain access to my password

Failure to adhere to the above mentioned or carelessness on my part leading to my password being used to gain an authorized entry to the above system will be viewed as a serious breach of trust and will result in severe disciplinary action.

Signature _____

Authorizing Managers Details

Surname_____ Name_____

Department/School/Campus _____ Job Title_____

Work telephone number _____ Cell Phone Number _____

Email Address _____

I confirm that the access required is in the accordance with the user's job description.

Signature: _____

ICT Administrator

Surname_____ Name_____

User ID_____ Job Title_____

Work telephone number _____Cell Phone Number _____

Email Address _____

Signature: _____