

Department of Medicine Information Services

(ACCESS FORM for EMAIL/COMPUTER/FILE & PRINT Services)

Submit To: DOM Information Services CHS 52-257 x 54398 - FAX 267-0298

MSO Name

Phone

Division

Type of Access Request

- New DOM User
- Update (Moving from another Department or Division, etc)
- Delete User

MSO Signature

Date

User Information - all fields must be filled before accounts can be created

To prevent mistakes in UserNames: PLEASE TYPE OR PRINT CLEARLY

First Name

Middle Initial

Last Name

Mother's Maiden Name

Title/Position

Division

User Location

Employee ID#

Phone Extension

New User's Signature (**REQUIRED**)

I, (PLEASE PRINT NAME)

_____, am an employee of the organization and require the use of the Information System provided by the Department of Medicine. I understand that the use of the network is solely for departmental business and that all data, including e-mail, is the property of the UCLA Department of Medicine and may be accessed by the Department as necessary. I am aware that the misuse of the network can result in the revocation of this privilege and possible disciplinary action. I acknowledge and agree to these conditions by the signature below.

New User's Signature

Date

Access Information

Computer Type

 PC MAC

DOM Affiliation

 Faculty Staff Other

Select the application below. If not shown, please explain the type of access needed.

(for MCCS, Financial App, FS/QDB, ADHOC, etc. Blue Form goes to Onawa Cigna)

DOM IS can configure your workstation, but Onawa Cigna requests your access to them from MCCS.

 Medicine Domain (File/Print Access) E-mail Account (@mednet.ucla.edu) Paper Flow (Scan Document Access) Paper Vision (view only) VPN (remote access)

*****PLEASE NOTE: Send this form directly to:
DOM Information Services CHS 52-257.
FAX: 267- 0298. Mail Code: 173617. Ext: 54398**