# College of the Redwoods

**CR COLLEGE OF THE REDWOODS**

## Colleague
## Security Change Form

| | |
|---|---|
| **Date:** | Permanent ☐    Associate Faculty ☐    Temporary ☐ |
| **Name:** | **Employee ID:** |
| **Position Title:** | **Assigned User ID:** |

Application: ST ☐   CF ☐   HR ☐   CORE ☐   UT ☐

**Additional mnemonics requested, please include folder name and inquiry only status (I/O).**

**Delete the following mnemonics or security classes.**

**Extras:**    UT File Download ☐    UT File Upload ☐    UTFB ☐

Environment:      LIVE ☐     TEST ☐

| | |
|---|---|
| Supervisor's Signature : | Date: |
| Module Admin. Signature: | Date: |

| **For IS Use Only** |
|---|
| Date Completed: |
| Completed by: |