University of North Georgia Department of UNG Card Services Lenel Application Agreement

Name:		
(Last)	(First)	(M.I.)
Date access is to be granted:	 dd-yyyy)	
Access requested:		
Please include all details: If the user will h particular job roles, specific menu	items, as well as access to spe	ecific forms or reports.
Position Title:		
Department:		
Supervisor's Name:	Supervisor's Signa	ture:
Campus Telephone #:	Office Location:	Building: Room #:
Accepting access to Lenel means to with applicable state and federal lethical use of Lenel. It is not the ruser compliance with UNG Card So of the user to be aware of the exist In addition, UNG Card Services claegregious, reckless or ill-advised a	aws dealing with appropersonal control of UNG Castrones or UNG policy(s) sting policies and to adhims no responsibility for	priate, responsible and rd Services to ensure . It is the responsibility ere to their guidelines. r the effects of
Signature:		