## University of North Georgia Department of UNG Card Services Access Control User Application Agreement

Name:			
(Last)	(First)		(M.I.)
Date access is to be granted:(mm-dd			
System User Access requested:			
Please include all details: List Systems and Apsomeone else, and/or also include any part	•		
Position Title:			
Department:			
Supervisor's Name:	Supervisor's Signa	ature:	
Campus Telephone #:	Office Location:	Building: Room #:	
Accepting access to Lenel means the with applicable state and federal law ethical use of Lenel. It is not the resuser compliance with UNG Card Ser of the user to be aware of the existin addition, UNG Card Services claim egregious, reckless or ill-advised act	ws dealing with appro sponsibility of UNG Ca vices or UNG policy(s) ng policies and to adh ns no responsibility fo	priate, respon rd Services to . It is the resp ere to their gu r the effects o	sible and ensure oonsibility uidelines.

Signature: \_\_\_\_