

SharePoint Access Request Form

Access Type:	□ New □	Update	☐ Terminat	ion \square FT	P Upload		
Site(s) Requested:							
Name:							
Title:							
Agency:							
Telephone:							
Email:							
Do you have an Offic	e 365 Work o	r School	Account? (Not	sure? Check	with your IT Contac	·+\	
•			-		-	, Ш	
If you've checked the	e box, piease	note you	Organization	Email add	iress below:		
•	es for accepta nd contractor	ble use of	the JWB infra	structure a	and applies to all	ument represents the JWB employees, guests, sible for understanding and	d
SharePoint in six mor that site access is still	nths or longer required. Sha t on their own	are term arePoint F n or conta	inated. A new asswords exp cting the JWB	username ire every <u>1</u> Help Desk	will need to be 20 days . The use	no have not logged into requested in the event r has the option of signing ellas.org for login help.	3
All communications in retained and, upon re		-			•	lic records and are with Florida Statutes.	
SharePoint User Sign	ature					Date	
Agency Signatures (JWB USE ONLY)							
А	ctive Directo	ry:	☐ Added		☐ Removed		
SharePoint	Security Grou	ıp:	\square Added		\square Removed		
	Email Use	er:					
Email JWB Contact:							
Scanned to SharePoint:							
IT Sign	ature and Dat	te:					