

IMAGENOW™ SECURITY REQUEST FORM

To request access to the ImageNow™ Workflow system, please complete the form below and submit to the Department of Records Management at recordsmanagement@depaul.edu.

REQUESTOR INFORMATION

EmplID:

Last Name

First Name:

Campus:

Loop

Lincoln Park

Suburban Campus

Office Address:

Campus Connect User Name:

Department:

Email Address:

Title:

Phone Number:

SUPERVISOR INFORMATION

Last Name:

First Name:

Supervisor Email Address:

Supervisor Phone Extension:

REQUESTED SECURITY LEVELS

Name of ImageNow™ Workflow Queue(s) you are requesting access for:

Security Requirements (Check all that Apply):

Add Documents to Workflow Queue

Edit Document Properties

Route Documents to/from Queue

Remove Items from Workflow Queue

SIGNATURES

By signing this form, I acknowledge responsibility for the management of documents using the ImageNow™ Workflow system in accordance with the Records Management and Information Services policy at DePaul University. Additionally, should any changes to the granted security levels become necessary, it is the responsibility of the department to contact the Department of Records Management with updates. Security levels for the Workflow system should be verified at least annually and can be requested at any time from the Department of Records Management.

Signature of Requestor

Date

Signature of Supervisor

Date