

## INFOKEEPER SECURITY REQUEST FORM

To request access to the R4 Services InfoKeeper™ system, please complete the form below and submit to the Department of Records Management at recordsmanagement@depaul.edu.

REQUESTOR INFO	DRMATION			
EmplID:				
Last Name		Fir	rst Name:	
Campus:	Loop	Lincoln Park	Suburban Campus	
Office Address:				
Campus Connect U	Iser Name:			
Email Address:				
Phone Number:				
Department:				
Title				
SUPERVISOR INFO	ORMATION			
Last Name:		Fir	rst Name:	
Supervisor Email A	ddress:			
Supervisor Phone B	Extension:			
REQUESTED SECU	JRITY LEVELS (CHECK	ALL THAT APPLY)		
Request Boxes/Files from R4 warehouse		ehouse	Add Boxes/Files to R4 warehouse	
Edit Box/File information for items at R4 warehouse			Destroy Boxes/Files at R4 warehouse	
SIGNATURES				
Management police responsibility of the	ry at DePaul University. e department to conta	Additionally, should any change ct the Department of Records N	f files/boxes at the R4 warehouse per the Records es to the granted security levels become necessary, it is Management with updates. Security levels for InfoKeep rom the Department of Records Management.	
Signature of Reque	estor		Date	
Signature of Supervisor			Date	