



**University of Connecticut
Purchasing Department
Signature Retrieval System - Access Request Form**

Section 1

Enter the NetIDs and names of the users that require access to the Signature Retrieval System. Each user must sign this form and agree to the following terms below.

Terms: By signing this request form, I agree to use the Signature Retrieval System for official University business only and that the information contained within the system may contain confidential and/or registered confidential data that may be protected from disclosure under Federal and State laws, and University Policy. I agree to protect my username and password, and to not give it out to others. I also agree not to print, download, save, screenshot, edit, copy, email, or duplicate Signature Authorization Forms in any way.

NetID (ex. btp98001)	Printed Name	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2

Please give a brief description as to why the above individuals require access to the Signature Retrieval System.

Section 3

To be completed by the Dean, Director, or Department Head

By signing below you are requesting that the individuals above be given access to view Signature Authorization Forms online via the Signature Retrieval System. It is your responsibility to notify the Purchasing Department if these responsibilities are removed from any of these individuals.

_____	_____	_____
Name	Signature	Date
Department Name: _____	Unit # _____	

Purchasing Use Only

Added to SRS by: _____ **Date:** _____

Return Completed Forms to the Purchasing Department – Unit 6076