

**Information Technology
Remote Access
Termination form**

For Internal Use Only:

Implementation Date: ____/____/____

Termination Date: ____/____/____

Server entry completed? Yes No

First Name _____ Middle Initial _____

Last Name _____

Employment Status:

- Student
- Affiliate
- Hospital Employee
- KUPI Employee
- University Employee

If you are a Medical Center Employee, Hospital Employee or KUPI Employee, please choose from one of the following:

- Department Paid Account # _____
- Hospital Payroll Deduction
- KUPI Payroll Deduction
- University Payroll Deduction

Department or School _____

User ID _____

(The user ID should be the email name, or the first character of the first name and the first seven (7) characters of the last name.)

Date: ____/____/____

Requestor's Signature: _____

Please fax or mail form Attn: Ann Doss, fax# 8-4902 or mail stop 3024.

Call 8-7178 if you have questions regarding your termination. Thank you.

Termination Questionnaire

Please help us by indicating the reason for your request to terminate your remote access account by checking the appropriate box below.

- | | |
|--|---|
| <input type="checkbox"/> Leaving the University

<input type="checkbox"/> Departmental Termination Request

<input type="checkbox"/> Department Transfer

<input type="checkbox"/> Dissatisfied with the remote service
Why? _____
_____ | <input type="checkbox"/> Signed with another service provider

<input type="checkbox"/> Have found cheaper service elsewhere

<input type="checkbox"/> No longer have a need for the service

<input type="checkbox"/> Other
please indicate: _____
_____ |
|--|---|

University Employees please make note: If payroll deductions have not stopped within two payperiods of the termination request date, please contact Erin Manuel at 8-7372.