

# “Designated Employees for Confirming Access Request to Information Resources”

DEPARTMENT \_\_\_\_\_

HCM Department ID \_\_\_\_\_

Effective Date \_\_\_\_\_

*This form serves as documentation for who is authorized/delegated to sign as a steward for your department on issues related to Information Resources.*

**Note: This MUST be an ACTIVE UTMB EMPLOYEE able to substantiate a “Business Need-To-Know” for the resource requested.**

## Designated Employees

Employee #

PRINT Name

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Departmental Steward

Employee #

PRINT Name

Signature

_____	_____	_____
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**Please fold, staple and return to Information Services Security, Rt. 0849**