Evidence Action Inc.
Server Access Request Form

1. Personal Information:

Full Name:

Department:

2. Contact Information:

Email:

Phone:

3. Project Information:

Project Description:

Project Duration:

4. Access Details:

- **Type of Access Requested:**

Employee Access:

External Party Access (Consultant or Vendor):

- **If External Party Access:**
    - Vendor/Consultant Name:
    - Reason for Access:

5. SSH Key Information:

Google Drive Shared Link:

6. Approval *(for internal use only)***:**

- **Reviewer's Notes:**

- **Review Outcome:**
    - Approved
    - Denied

- **Approval Team Decision:**
    - Approved
    - Denied

  Additional Comments:

7. Review and Approval:

- **Reviewer:**

Name: **Luis Maradiaga**

Position: **IT Consultant**

Email: **luis.maradiaga@evidenceaction.org**

- **Approval Team:**

Name: **Allen Rozario**

Position: **Global IT Director**

Email: **allen.rozario@evidenceaction.org**

- **IT Support Implementation:**

Name: **Luis Maradiaga**

Position: **IT Consultant**

Email: **luis.maradiaga@evidenceaction.org**

Date: