



GROUP ACCESS REQUEST FORM

This form should be completed when requesting authorisation for creation or additional access to Email group(s), departmental network shared drives, for making changes to any existing access, removing access of a member or for a group name change.

The form should be completed and forwarded to IT Office, in person, by post or by scanning and sending to 'ithelpdesk@aar.co.ke'.

Group Details

Group Name	
Group Email	
Company	
Department	
Reason for Creation	

Email Group Authorisation (For Email)

(Please indicate the administrator(s) of the group).

Administrator(s)	

Nature of Access Request (tick):

New or Additional Group	<input type="checkbox"/>	Disable Group (Group no longer required)	<input type="checkbox"/>
Modify Existing Group	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Other:			



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Access Required (please list below the members of this group)

(Tick 'Add', 'Remove' or 'Modify' as appropriate and indicate if Administrator)

Members	Admin	Add	Remove	Modify

Departmental Access Authorisation (Nominated Authorised Person)

Access Requested By (Name):	
Access Authorised By (Signature):	
Request Date:	

Access Granted by:

IT Manager		
Name:	Signed:	Date:

Created by:

Name: Signed: Date: