



## CVM File Access Approval Form

Submit completed form to: CaTS - 406 Trotter Hall

I hereby request that the following CVM student be granted faculty/staff access to the CVM network for scholarly research and/or employment purposes. The student has been made aware that their network activities should be limited to the areas required for this purpose. The authorizing professor will contact the CVM Network Administrator when this access is no longer required.

**Student Name:** \_\_\_\_\_

**CVM Username:** \_\_\_\_\_

**Access Requested Through (Date):** \_\_\_\_\_

**Authorizing Professor (Please Print):** \_\_\_\_\_

**Areas of Access Needed (i.e. O:\CLINICS , etc.)** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Access to the CVM network requires that the user sign an agreement stating that they understand and will abide by all policies regarding the use of the College of Veterinary Medicine at Kansas State University networks, and that they are responsible for all transactions associated with their account.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_