

## DTC/DTS Removal Request

This form is used to remove a DTC or a DTS for one or more departments.

Form should be completed by department head or director. After signing, send via interoffice mail to:

6-TECH  
c/o ITS Service Desk  
103 McNutt Building

### DTC/DTS Information

DTC

DTS

University ID# (if known): \_\_\_\_\_

Username: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ADM Account name (if DTS) \_\_\_\_\_

Phone: \_\_\_\_\_

Departments from which to remove rights: (List all if more than one)

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### Director/Department Head Authorization

Name Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_