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)

________________________________________________________________________

Director/Department Head Authorization

Name Print: ________________________________

Signature: _______________________________  Date: ________________________