

C Cure User Access Form



Facility Operations

1795 E South Campus Drive, Room 244B Salt Lake City, Utah 84112 (801) 587-7789 FAX (801) 581-4263

REQUESTOR (New User's Supervisor)

Requestor Name	Date
Email	Campus Address
Department	Phone

HEAD OF DEPARTMENT AUTHORIZED SIGNATURE

Name (Print)	Signature
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ACTION (Check the appropriate box)

<input type="checkbox"/>	Remove a C Cure user ID login	
	User Name	User Empl ID

<input type="checkbox"/>	Add a new C Cure user - (Employee has not used the C Cure before and/or does not have a C Cure login.)
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User Name (First and Last)	User Empl ID
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Email	
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This new C Cure systems user needs access to: (Check all that apply)

C*Cure Alarm & Access Control

<input type="checkbox"/>	Administration Client
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<input type="checkbox"/>	Monitoring Client
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<input type="checkbox"/>	Monitoring Cameras
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Bldg Number

Bldg Location

Department Name

The same access as this employee			User Name
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Is the new C Cure user replacing this employee?	Y	N	Empl ID #
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Official Use Only

Alarm and Access Control

Partition

Administration Code

Monitoring Code

Personnel Code

Comments:

Call placed to user (date & time)	by (initial)
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