# SITEIMPROVE USER REQUEST FORM

Office of the State Americans with Disabilities Act Coordinator (OSADAC)

## General Information

Agency Name(s): _____

User's Name: _____ Email: _____

## Nature of Request

Add new user                Delete existing user                Modify existing user's access

## Sites to Which User Needs Access

1. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

2. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

3. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

4. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

5. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

6. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

7. Website URL: _____

Level of Access:        Entire site   (or)   Group(s): _____

*Attach a separate sheet of paper if additional space is needed.*

## Approval Signature/Date: _____

Approver's Name: _____ Job Title: _____