University of North Georgia Department of UNG Card Services

Name:		
(Last)	(First)	(M.I.)
Date access is to be granted:		
Access requested:		
Please include all details: If the user will have in particular job roles, specific menu item		,
Position Title:		
Department:		
S e i Name	S e i Signa e	
Campus Telephone #:		:
Accepting access to Lenel means that with applicable state and federal laws ethical use of Lenel. It is not the respuser compliance with UNG Card Servi of the user to be aware of the existing In addition, UNG Card Services claims egregious, reckless or ill-advised actic	s dealing with appropriate, re onsibility of UNG Card Service ces or UNG policy(s). It is the g policies and to adhere to the s no responsibility for the effe	sponsible and es to ensure responsibility eir guidelines.
Signature:		