



## UCCRC Intranet Access Authorization Form Phase II Consortium Website

Name \_\_\_\_\_ Role/Job /Title\_\_\_\_\_

Affiliate Institution \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ User Name \_\_\_\_\_

**Statement of agreement**

- I will not seek personal benefit or permit others to benefit personally from information contained in UCCRC web site.
- I will not divulge the contents of any documents to any person except in the conduct of my work assignment and in accordance with University and departmental policies.
- I will not divulge personal ID's or passwords to anyone, whether University personnel or others.

\_\_\_\_\_  
APPLICANT'S SIGNATURE      DATE

\_\_\_\_\_  
UCCRC ADMINISTRATOR - PRINT NAME

\_\_\_\_\_  
UCCRC APPROVAL      DATE

\_\_\_\_\_  
APPROVED BY - UCCRC ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_

Email the completed form to Kurombi Wade-Oliver [kwadeoli@medicine.bsd.uchicago.edu](mailto:kwadeoli@medicine.bsd.uchicago.edu) or Sunita Malhotra [smalhotr@medicine.bsd.uchicago.edu](mailto:smalhotr@medicine.bsd.uchicago.edu) or fax to 773-702-1561. If faxing form, email one of the contacts to inform.

**Questions?** Call Kurombi Wade-Oliver 773-702-6793.

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Group\_\_\_\_\_

Assigned by/Date\_\_\_\_\_