



Request for Access

Instructions:

1. A Manager or Supervisor must complete this form to request access for their employees.
2. For those systems containing PII, this request must be approved by the Division Director.
3. Once the necessary approval is obtained, the requester may submit a help desk ticket, attaching the request form and written approval from the Division Director (where applicable).

****State of Alaska (SOA) system access is required.**

Part 1: Requested Role Type

☐ Content Editor ☐ Administrator Access ☐ Renewal

Content Editors have access to edit content of a webpage only. A Division may have one primary and one alternate content editor per section.

Administrators have permission to create, update, delete, and push updates to the live website content, and webpages assigned to them. A Division is allowed to have one primary, and one alternate administrator.

If requesting Administrator Access, the request may be denied, or downgraded to Content Editor, if both a primary and alternate administrator have already been assigned.

Part 2: Employee Information

Name: _____ Title: _____

Primary Phone #: _____ Email: _____

Department: _____ Division: _____

Office Address: _____

Office #: _____ Cube #: _____

****Employee may lose privileges if they have not logged in within the last six (6) months.**

Part 3: Manager/Supervisor Information

Name: _____ Title: _____
Primary Phone #: _____ Email: _____
Department: _____ Division: _____
Office Address: _____
Office #: _____ Cube #: _____

____ APPROVED ____ DENIED Signature: _____

Part 4: Division Director Information (where applicable)

Name: _____ Title: _____
Primary Phone #: _____ Email: _____
Department: _____ Division: _____
Office Address: _____
Office #: _____

____ APPROVED ____ DENIED Signature: _____

Part 5: User Statement of Understanding

By signing this form, I acknowledge and understand that I will have access to a State of Alaska system and website. Any modifications I make will be in the best interest of the State of Alaska, Department of Military and Veterans Affairs, and my Division. I agree to adhere to SOA policy: *ISP-172 Business Use / Acceptable Use* <https://intranet.state.ak.us/admin/SecurityPolicies/>. I understand my privileges may be revoked if I misuse the system and/or website. I agree to use this access **for official use only**.

Signature: _____ Date: _____

Part 6: Webmaster Approval

Training Date: _____

____ APPROVED ____ DENIED ____ REVOKED

Signature: _____ Date: _____

Part 7: Director's Written Approval (provide justification for access)
