

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 user: _____

Delete user

Modify 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: _____