

Data Center Access Request Form

Version 1.0 • March 01, 2014

This Form must be completed by the supervisor for the person seeking access to the WCMC Data Center(s), and submitted to the Network Operations Center duty supervisor. Access, if granted, shall be reviewed according to the NOC policy, and can be revoked at any time. Access shall be granted for the period indicated at the time of approval, and must be reapplied for prior to expiration to ensure laps in access does not occur. Any change in access needs must be communicated to the NOC duty supervisor as soon as the change becomes known. NOC duty supervisor is not involved in the access approval process. Anyone accessing the WCMC DC must read, agree to, and follow policies and processes outlined in the Data Center Operations Manual.



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Weill Cornell Medical College ITS Data Centers

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New York, NY 10022
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Request Date

Company Name

Department/Unit

Requestor

Department/Unit Manager

Telephone

Telephone

eMail

eMail

Reason for Access Request

Please describe work to be performed, hardware you need access to, its rack location, location of the rack, any specific tools or equipment requirements, or any other pertinent information that may need to be reviewed in advance by the operations manager

Access Timeframe

<input type="checkbox"/>	8am – 4pm	<input type="checkbox"/>	Sa/Su	Access Will Expire on the following date:
<input type="checkbox"/>	4pm – 12am	<input type="checkbox"/>	24x7x365	
<input type="checkbox"/>	12am – 4am	<input type="checkbox"/>	Day of	
				One Year (365 days)
				Project Completion

For Administrative Use

Status	Authority	Date	Signature
<input type="checkbox"/>	Denied		
<input type="checkbox"/>	Approved		
<input type="checkbox"/>	Suspended		
<input type="checkbox"/>	Terminated		
<input type="checkbox"/>	Revoked		

Review

<input type="checkbox"/>	EOD
<input type="checkbox"/>	+ 90 days
<input type="checkbox"/>	+ 180 days
<input type="checkbox"/>	+ 270 days

Notes