

Privileged Account Activation / Change Request

Managed Customer IT-3000D

(Rev. 6/2017)

Instructions: This form should be used only for requesting, renewing, terminating or updating a privileged network (SCPRIVID) account. Information must be provided for all required fields (as indicated by *). Submit completed form to the Department of Administration Service Desk at servicedesk@admin.sc.gov.

General Info	rmation					
Agency / Division *						Date *
Requested Act			5	Eff	ective Date	Termination Date
New Renewal Termination		Role Change	hange			
User Informa	ation					
Name*			one*	Mobile Number (Work)* ¹		SCNETID*
Email*						
	s required for two-fa	actor authentication				
Privileged R	oles 	-	<u>_</u>		_	
Local Administrator Desktop Administrator Group Manager Account Manager						
Server Administrator Application Administrator (Please specify)						
Other (Please specify)						
Justification for Request / Additional Information						
Acknowledgement						
I assume full encounter in the duties and that transactions to suspect activities confidential a attempt to use account must understand must bivision of Infresult in the intercount in the intercounter in the intercount	responsibility he use of the ac at it must not b hat occur unde ity in my accou nd recognize to my assigned not be used for y privileged acc formation Secun	ecount. I understand e shared or used be r my account and I unt. I understand hat privileged pass privileged level acce r daily use activities count will be actively rity. I understand the nation of privileged a	that my assigned property other individuals. will immediately not that I am responsitive words must be different of the control of the contro	ivileged I unde, I unde, tify Dep ole for I erent fro erprise sed for nudit trai ccount authoriz	account is for my use rstand that I am resp eartment of Administrate by the privileged used my standard accessing resources if of activities will be crepolicy, security policy,	identiality of information I only in performance of job consible for all activity and ation Service Desk of any se passwords secure and ount password. I will not derstand that my privileged located on the Internet. I reated and reviewed by the stagency policy or law will propriate disciplinary action process.
(2) the job tas	sks have been	bled once one of the completed for which was submitted and a	the privileged acco) the tin unt was	ne frame for requested created, or (3) one	d privileged access expires, year has passed since the
June 30 will be	e the universal r	enewal date for all n	nanaged customer pr	ivileged	accounts.	
By signin	ig below, I acki					isk and responsibility
		associa	ated with privileged	level a	ccess.	
٨٥٥	nianod Hoor					
ASS	signed User:	Signature			Print Name	Date
Manager /	Supervisor:	0/			Drint Name	
		Signature			Print Name	Date
IT Director /	Liaison:					
		Signature			Print Name	Date