

Novell Network Shared Area Request Form

Shared Area Directory/Path Name: _____

Requestor's Signature: _____

Phone: _____ Date: _____

Name (Last, First)	Novell Username	Access Rights (Read/Write or Read Only)
--------------------	-----------------	---

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Notes:

Return Form to: CaTS Help Desk, 025 Library Annex

Questions? Call the CaTS Help Desk at 775-4827