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|  | **MANAGEMENT SERVICES DIVISION** |
| **IDMS REQUEST FORM FOR USER ACCESS***(Kindly submit this form to the Data & Records Management Unit, MSD)* |

We wish to request for **access to be given** to the following staff members to view the documents in the IDMS within the purview of the KCDIO:

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| Staff Number | Name | Email  | Start Date |
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| …………………………………………….………Signature & Official Stamp of the KCDIO Records Liaison OfficerDate : | …………….…………………………………………….Signature & Official Stamp of the Dean / DirectorDate : |
| **FOR MSD USE ONLY** |
| **Recommendation by IT, MSD**…………………………………………….…………Signature & Official Stamp of the IDMS Technical Assistant ManagerDate : | **Recommendation by DRMU, MSD**…………………………………………….…………Signature & Official Stamp of the IDMS Functional ManagerDate :: |