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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 Officer  Date : | …………….…………………………………………….  Signature & Official Stamp of the  Dean / Director  Date : | |
| **FOR MSD USE ONLY** | | |
| **Recommendation by IT, MSD**  …………………………………………….…………  Signature & Official Stamp of the  IDMS Technical Assistant Manager  Date : | | **Recommendation by DRMU, MSD**  …………………………………………….…………  Signature & Official Stamp of the  IDMS Functional Manager  Date :: |