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

We wish to request for **access to be revoked** for the following staff members from viewing the documents in the IDMS:

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| --- | --- | --- | --- |
| Staff Number | Name | Start Date | Reason |
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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 DRMU, MSD**…………………………………………….…………Signature & Official Stamp of the IDMS Functional Assistant ManagerDate : | **Recommendation by DRMU, MSD**…………………………………………….…………Signature & Official Stamp of the IDMS Functional ManagerDate : |