|  |  |
| --- | --- |
|  | **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:

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Number | Name | Start Date | Reason |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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