# uNID Tools Delegated Admin Role Revoke Access Request


*This form is used to Revoke the listed user access to the specified OIT Delegated Admin Role.*

_____ _____
Print/Type Name of Person Requesting Access Revocation Date

_____ _____ _____
Campus Email Address Phone Department

_____

**Revoke Access Information:**

_____ _____
Print/Type Name of User to revoke access from uNID

_____ _____
Role(s) Being Revoked Revocation Effective Date

_____

**APPROVAL:**

_____ _____
Signature of Department Head (Director, Dean, VP) Printed Name of Department Head

_____ _____
Signature of Person Requesting Access Revocation Date

_____

**MAIL TO:**
**ATTENTION UMAIL TEAM**
**585 Komas**
**SLC, UT 84108**

**FAX TO:**
**ATTENTION UMAIL TEAM**
**801-585-3704**