



LOS RIOS

COMMUNITY
COLLEGE
DISTRICT

- American River College
- Cosumnes River College
- District Office
- Folsom Lake College
- Sacramento City College

Fileshare Encryption Request Form

Requestor Information

Last Name: _____ First Name: _____ M.I.: _____
 Emplid #: _____ Email Address: _____ Work Phone: _____
 Department: _____ Job Title: _____

Fileshare Information

- Create New Encrypted Folder* Encrypt Existing Folder* Add/Modify Users Access
 New folder name: _____

Fileshare Folder Path: _____
(example: \\do-data\busserv\General Accounting)

Users access to Encrypted Folder:

Grant	Denied	Name (First & Last)	Emplid	Need Encryption Software?
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Reasons/Justifications:

Requestor's
 Supervisor Signature: _____ Print Name: _____ Date: _____

Approver
 Signature: _____ Date: _____
 Level 1: Fileshare Owner – Dept. Supervisor

 Date: _____
 Level 2: Fileshare Owner - Dept. Manager/Director
 (*Level 2 approval is required)

To be completed by the Encryption Security Administrator:

- Request Process Notification Sent

Completed by: _____ Date: _____