



SALUD ACCESS GRANT REQUEST FORM
College of Dentistry - Information Technology

Admin Assts. ☎ 4299999 x 95772 Fax ☎ 8011111 x 14010 Mail Code ☎ 1243 E-mail ☎ cod-help@ksau-hs.edu.sa P.O. Box ☎ 22490, Riyadh 11426

EMPLOYEE INFORMATION

REQUESTED BY:	BADGE NO.:
POSITION / JOB TITLE:	DATE:
DEPARTMENT:	TEL. NO / EXT :
SIGNATURE:	

ROLE:

- Student Dental Assistant Registration / Reception
 Faculty X-ray Technician Administrative
 Teaching Assistant Laboratory Technician CSSD Technician

STATUS:

- New User
 Existing User
 Trained Not Trained

ADDITIONAL GRANT(S); IF NEEDED

JUSTIFICATION

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DEPARTMENT LEVEL APPROVAL (IMMEDIATE SUPERVISOR)

NAME & SIGNATURE	POSITION / JOB TITLE	BADGE NO.	DATE

APPROVAL OF ASSOCIATE DEAN FOR CLINICAL AFFAIRS

NAME & SIGNATURE	ASSOC. DEAN, CLINICAL AFFAIRS POSITION / JOB TITLE	BADGE NO.	DATE

FOR COD - INFORMATION TECHNOLOGY USE ONLY

COD - IT SERVICES APPROVAL

- APPROVED DISAPPROVED

COMMENTS:

ENGR. AMIN AL AWAD NAME & SIGNATURE	IT MANAGER POSITION / JOB TITLE	18372 BADGE NO.	DATE