

# Account Termination Form

Dean's Office  
Information Services Unit  
Issue Date: 1/4/2005  
Last Revision: 9/5/2006

The purpose of this form is to provide information to delete/terminate access to UCSF electronic resources. Requests will only be accepted from Department Managers/CSCs on file with ISU. By sending this form via email ([isurequest@medsch.ucsf.edu](mailto:isurequest@medsch.ucsf.edu)) you are approving this activity. Please allow 3 business days for processing.

## SECTION 1: SUBMITTER AND USER IDENTIFICATION

Submitted by: \_\_\_\_\_

Last Name	First Name	Phone
_____	_____	_____
Title	E-mail Address	
_____	_____	

Requested for: \_\_\_\_\_  
(User)

Last Name	First Name	Phone
_____	_____	_____
E-mail Address to be Terminated		
_____		

Department: \_\_\_\_\_

## SECTION 2: ACCOUNT DISPOSITION

### ACCOUNT TYPE:

Employee \*  Temporary Appointment \*  Consultant or Vendor \*  Other \* (Please Specify) \_\_\_\_\_

\* Disable SOM Login ID  YES  NO SOM Login ID \_\_\_\_\_

Disable ID Date and Time \_\_\_\_\_

Leaving the University?  YES  NO

If NO, provide new department name \_\_\_\_\_

### Delete Electronic Resources:

Email  YES  NO \*

I Drive (Individual)  YES  NO \*

Notes: \_\_\_\_\_  
\_\_\_\_\_

**\* Important! If you answered no to either of the above questions, review the [Electronic Records Access Control Policy](#) instructions. If access is needed to electronic records with or without consent, please fill out a [UCSF Tracking Form](#), sign and fax to ISU at 415-502-2255.**