

IT Department
SHARED FOLDER REQUEST

Your Name _____ Date _____

Your Department _____ Extension _____

I would like a NEW folder to share with someone else.
Name you would like for new folder _____

I would like to make CHANGES to an existing folder.
Name of existing folder _____
What changes would you like to make? _____

Will you store programs in this folder (circle one)? Yes No

I want the following people to have access to the folder:

Name	Employee ID Number	Person May Make Changes to Folder Yes / No