UWS Library Photocopy Services
College or Division Account Access Form
STAFF ONLY

Please complete all College or Division information fields, and all account fields. If this form is not complete, account processing will be delayed.

College or Division Information

College/Division: ____________________________________________________________

School/Department: __________________________________________________________

Cost Centre Detail (1)

Centre - Project - Account - Campus - Entity - Type

Account Access Authorising Officer

Name: _____________________________ Position: _____________________________

Signature: _____________________________ Ext.: ___________

Email: ________________________________

Staff Details

Surname: ______________________________

First Name: _____________________________

Staff ID Number: _____________________________

Email: ________________________________

Last Access Date: _____ / _____ / _____ (2)

Notes:

(1) The Cost Centre is the account against which funds will be charged for use of Library and ITD copying and printing. The Authorising Officer MUST approve access to this account.

(2) All account holders must provide a date upon which access to funds will cease. This date needs to be confirmed by the Authorising Person.

Once completed, please fax to (02) 9852 5940 or ext 5940