

**Claremont McKenna College
Content Management System Access Request Form**

First Name: _____ Last Name: _____ Middle Initial: _____

Extension: _____

Office Location: _____ Department: _____

Action requested:

Add access rights Delete access rights Change existing access rights

Job Title: _____

Description of web duties: _____

Access Levels* Requested

List relevant site or section and select which level of access is requested. (See explanations of the different access levels below.)

| Site or Section | Access Level |
|-----------------|--|
| _____ | <input type="checkbox"/> Editor <input type="checkbox"/> Publisher <input type="checkbox"/> Approver |
| _____ | <input type="checkbox"/> Editor <input type="checkbox"/> Publisher <input type="checkbox"/> Approver |
| _____ | <input type="checkbox"/> Editor <input type="checkbox"/> Publisher <input type="checkbox"/> Approver |
| _____ | <input type="checkbox"/> Editor <input type="checkbox"/> Publisher <input type="checkbox"/> Approver |
| _____ | <input type="checkbox"/> Editor <input type="checkbox"/> Publisher <input type="checkbox"/> Approver |

***Editor Access Level:**

- Reviews site content
- Suggests new content and changes to site
- Edits site content

This access level allows users to work with contributors, mock-up potential pages using the CMS, but cannot push the “go” button.

***Publisher Access Level:**

- Reviews site content
- Suggests new content and changes to site
- Edits site content
- Publishes changed pages live

This access level allows users to do all that the editor can, but can also push the “go” button.

***Approver Access Level:**

- Publishes changed pages live

This access level is geared towards those preferring a supervisory role: if the supervisor of a department wishes to have final say on all pages, or appoint someone in that role, ITS can set up permissions such that certain pages require final signoff by the Approver.

Understanding of User Responsibility:

Password Protection:

I agree that I will never share my password with any individual. I further agree that I will report to ITS as soon as possible if I believe my password has been compromised or used without my permission.

Conclusion:

I understand that access to the Content Management System is granted for the purpose of conducting official CMC business. I further understand that failure to abide by these rules is serious, may be cause to revoke my access to the Content Management System and may be grounds for disciplinary action. Finally, I understand that I am required to report any actions by others that I observe which I believe may represent security violations.

User Signature: _____ **Date:** _____

| | | |
|-----------------------------------|---|-------------|
| | | |
| Name of Supervisor (print) | Supervisor’s Signature (or attach proof of approval) | Date |

Supervisor Comments: _____

| ITS Comments | Date Completed | Initials |
|-------------------------|----------------|----------|
| Training in CMS | _____ | _____ |
| Documentation Received | _____ | _____ |
| Access Request Received | _____ | _____ |
| Access Completed | _____ | _____ |