

**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:

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 the rules is serious 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	_____	_____