INSITE View-FM® User License Request Form

General Information:
Requestor's Full Name:
Requestor's Employee ID Number:
Requestor's Phone Number:
Requestor's Email Address:
Requestor's Blazer ID:
Requestor's Oracle Organization Number:
Requestor's Oracle Organization Name:
Requestor's Campus Location:
Reason for request:

Requestor's Signature:_____

Supervisor's Signature: _____

   Print Supervisor's Name:_____

Procedures for installation:

1. **Fill out all information above and email to jacksonv@uab.edu or send via Campus mail to Cost Analysis in AB 525. Our office will contact you to set up a time for installation.**

2. **If you do not have administrator rights to your computer, you will need to have *your* IT technician present during the installation process in order to gain access.**

For Cost Analysis Use Only:
Installation Date: _____   Initials:_____