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**TRAVIS COUNTY, STATE OF TEXAS** P.O. Box 1748

**INFORMATION TECHNOLOGY SERVICES** Austin, TX 78767

**REQUEST FOR NEW RACMS ACCESS ACCOUNT**

***All fields with a red asterisk (\*) are required. Incomplete forms will be returned to the requester for more information.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name\*** | **First Name**\* | **MI**\* | **Network ID**\* |
|       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Division\*** | **Position\*** | **Phone Number** | **Extension** |
|       |       |       |       |

**Grant access similar to (person):**

|  |  |  |
| --- | --- | --- |
| **Date\*** | **Dept. Authorization – Supervisor/Representative\*** | **Email Address\*** |
| Pick a date |       |       |

**Save the completed form and email as an attachment to: ITS HelpDesk** (ITS.HelpDesk@co.travis.tx.us)