

Web Content Provider Authorization Form



Upon completion, please forward to the Office of Marketing & Communications (417B, news@mctc.edu) for review/action.

Name:			
Job Title:			
MCTC Username:		Email	
Department:		Phone:	

Requestor's Signature:		Date:	
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Expression Engine Web Page Access

Please identify the URL(s) & level(s) of access for the above individual. Levels of access include editor or publisher.

URL (within mctc.edu domain)	Level of Access

Comments

Supervisor Name:			
Signature:		Date:	

VP/Dean's Name:			
Signature:		Date:	