

Departmental TouchNet Access Request Form

Type of Request			
New Department	Update Department	Remove [Department
Department Name			
Add Easy Keys	Updated Easy Keys	Remove E	Easy Keys
1	, as an employee of No	rtheactarn State Unive	arcity understand
that I must abide by the r	egulations and policies of the l		-
•	es that all money collected in thurer (Title 62, O.S. Supp 986, 7		sity be deposited
By signing this form I agre funds.	ee to deposit all money collecte	d within 24 hours of r	eceiving the
Signature of Employee		Date	
 Signature of Department		 Date	
Signature of Department	Ticud	Dute	
Signature of Bursar Service	ces	Date	