

	<b>ACCESS TO SHARED NETWORK FOLDER REQUEST FORM</b>	<b>Form No.</b>	<b>WVSU-MIS-SOI-07-F01</b>
		<b>Issue No.</b>	<b>1</b>
		<b>Revision No.</b>	<b>0</b>
	<b>WEST VISAYAS STATE UNIVERSITY</b>	<b>Date of Effectivity</b>	<b>October 28, 2025</b>
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<b>Page No.</b>		<b>Page 1 of 1</b>	

Request for a shared network folder. Shared storage is **not** provided for any personal files, such as personal documents, music, pictures, videos, etc. If **approved**, access credentials will be sent to the requestor's official email address.

Date: \_\_\_\_\_ Folder Name: \_\_\_\_\_

Employee Name : \_\_\_\_\_

ID Number : \_\_\_\_\_

Department/College : \_\_\_\_\_

Official Email Address: \_\_\_\_\_

Brief description of folder access needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name  
REQUESTOR

\_\_\_\_\_  
Signature over printed name  
DEAN/DIRECTOR/UNIT HEAD

**This section is for MIS personnel only**

Date of Action: \_\_\_\_\_

Approved       Disapproved

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature over printed name  
MIS OFFICER

\_\_\_\_\_  
Signature over printed name  
MIS HEAD