



## General Instructions for Completing the EAGLE User Access Request

1. This form is required for ALL EAGLE User Access requests – new hire starts, terminations or changes to existing users.
2. No submitted form will result in no access.
3. Please allow a minimum of 24-hour turnaround for set-up of access rights.
4. Completed forms shall be submitted by the requesting Agency's Internal Control Officer.
5. An asterisk(\*) represents required information.
6. Internal Control Officers should email completed form(s) to [OSC.Eagle.Team@ncosc.gov](mailto:OSC.Eagle.Team@ncosc.gov) or to an OSC Audit, Risk and Compliance Service Representative.
7. If you have questions please contact an OSC Audit, Risk and Compliance Service Representative or contact the OSC Contact Center at 919-707-0795.



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## OSC EAGLE Security Request Form

### Requested Effective Date of Eagle User

Start Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

### \*User Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

### \*Access

#### Write Access Only

\_\_\_\_ **ADD:** By placing an "X" in this ADD box, you are requesting for the above individual to have access to read and change (including deleting) any files within your agency's EAGLE SharePoint folders. This box should be completed for anyone that will be maintaining the EAGLE documents for your entity.

\_\_\_\_ **DELETE:** By placing an "X" in this DELETE box, you are requesting for the EAGLE SharePoint user access of the above individual to be removed.

Please include any necessary comments. If the above individual needs access to multiple entities, please let us know the business case for this request.

### \*Internal Control Officer Information for the Above Employee

ICO Name: \_\_\_\_\_

ICO Working Title: \_\_\_\_\_

ICO Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_