

## Secure File Transfer Protocol Staff Application Form

***Please complete & send this form to:  
ISD Service Desk, Room 7C15A, Jordanstown Campus.***

This form should be completed by staff requiring access to Secure FTP service.

Please note:

- All details including approval must be completed before sending to ISD.

(For assistance completing, contact ISD Service Desk on extension 66777 or email servicedesk@ulster.ac.uk)

### **1) Staff Details**

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Full Name: ..... Title: .....

Staff number: ..... Job Title: .....

Faculty/Department: ..... Room Number: .....

Campus: ..... Contact Number: ..... Email: .....

Reason for requesting SFTP:

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.....

### **2) To be completed by the Applicant's Dean or Director**

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In approving this application, I have considered the above information to be correct and agree to the business justification.

Signed: ..... Date:.....  
(Dean/Director)

Print Name: .....

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***Once countersigned by a Dean or Director, please forward this form to the ISD Service Desk, Room 7C15A, Jordanstown Campus.***

**THIS SECTION IS FOR ISD USE ONLY**

**3) To be completed by the Director of ISD (or nominee)**

In approving this application, I authorise provision of SFTP access to the applicant named above.

Signed: ..... Date: .....

*If approved, forward to the ISD Service Desk.  
If rejected, insert reasons for rejection below and return to the Applicant / Dean or Director  
Also provide a copy to ISD Admin & Finance Team.*

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