This form should be used to request a new shared network file store. Please use “ChangeAccessRights" form for making changes to any existing shared file store.

This form should be completed, signed and forwarded to any MSD-ITS office, in person, by post or by scanning and sending to ‘ithelp@medsci.ox.ac.uk’.

1. Details of User requesting the new shared file store:

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **MSD-ITS Network Username** **(not SSO or Oxford Username)** |  |
| **University Card Number** |  |
| **University Department / Unit** |  |
| **Research Group(s)** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Are you the data Owner & access change authorizer?(If NO, you will not automatically be granted access to the data.)** | **YES / NO** (delete as applicable) |
| **Does your funding body require that the data you are intending to store on our servers will need to be deleted from our backup servers at the end of the project? If so we will ask you to provide evidence to that effect. We will contact you to discuss this requirement.** | **YES / NO** (delete as applicable) |
|  **Signature:** **(ink or digitised)** | **Authorisation signature required here** |

2a. Authorizers (please list all who will be able to authorize changes)

The first person listed here will be the primary authorizer & owner if not the applicant in section 1.

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **MSD-ITS Network Username** **(not SSO or Oxford Username)** |  |
|  **Signature:** **(ink or digitised)** | **Authorisation signature required here** |

**2b.**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **MSD-ITS Network Username** **(not SSO or Oxford Username)** |  |
|  **Signature:** **(ink or digitised)** | **Authorisation signature required here** |

**2c.**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **MSD-ITS Network Username** **(not SSO or Oxford Username)** |  |
|  **Signature:** **(ink or digitised)** | **Authorisation signature required here** |

3. File Store details

Indicate your initial requirement. You will be contacted to discuss requests for any large amount of storage

|  |  |
| --- | --- |
| **Suggested name of top level folder** |  |
| **Initial quota:** |  |
| **Anticipated annual increase in quota** |  |

4. User Access (please list all those to have access to this data store)

Indicate the permissions needed for each user, including the requester if required: Read Only (RO) or Read/Write (RW)

|  |  |  |
| --- | --- | --- |
| Full Name | **MSD IT username** | **RO or RW** |
| **Requester ( if required )** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

5. To be completed by MSD-ITS:

|  |
| --- |
| **Data store created by:** |
| **Name:** | **Signature** | **Date** |
| **Server path:** |  |
| **Initial quota:** |  |