Reset Form

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Charles R. Drew University
of Medicine and Science

*Information Technology Department*

# Request for Departmental Folder

(File Server connection)

Date submitted:

☒ SON ☒ COM ☒ COSH ☐ Research ☐ Administration

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|---|---|
| Department Name:<br>**(*REQUIRED*)** | Department Head Name:<br>**(*REQUIRED*)** |
| Location:<br>**(*REQUIRED*)** | Department Head Signature:<br>***(REQUIRED)*** |

We currently can only connect the users on the Drew Campus Network. If you are not sure please ask us.

Staff / Faculty to access the shared Folder: use an additional sheet if needed.

| Name | Phone # | Folder Name | Computer Type: PC / MAC |
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**Return this request to: Information Technology Department**
**Cobb Building, Room 235 or Fax to: 323-563-4879**

Please contact with any questions or special requests.

1731 East 120th Street, Cob #241 – Los Angeles, CA 90059 Tel: 323-563-4990 Fax: 323-563-4879