



Encrypted (Password Protected) USB Drive Request Form



NOTE: All fields are required. Any incomplete field will result in processing delay.

USER INFORMATION	
Requester's Name (First Last)	Employee No.
E-mail	Employee's phone #
Facility/ Department / Unit	Employee's job title
Supervisor / Name	Supervisor's phone #

ACKNOWLEDGMENT
<ul style="list-style-type: none"> Protecting patient information is everyone's responsibility. Devices are to be used for County Business only. The device must be returned upon end of employment, change of assignment, transfer, resignation or at the direction of your supervisor. Lost, stolen or missing USB drives MUST be reported immediately to LAC+USC IT Service Desk, Facility Information Security / Privacy personnel, and your direct supervisor.

<i>Applicant's Signature</i>	Date
<i>Area Supervisor's Signature</i>	Date

ALLOW 3 BUSINESS DAYS FOR LAC+USC IS TO PROVIDE ACCESS AND TO RESPONDED

DEVICE INFORMATION – TO BE COMPLETED BY INFORMATION SYSTEMS
Device Description:
USB ID number: _____ Date USB assigned to the user: ____/____/____

Requester: After completing the form, please fax it to the (IT) Service Desk **Fax# 323-441-8056**.
If you need assistance in completing this form, please contact the Service Desk at (323) 409-2100.