SHAREPOINT AUTHORIZATION PERMIT

		Ret	rurn to: Rhoda Re rrenovator Administra				
	Please fill o SharePoint	out the appropriate \Box I folder.	ooxes below to re	equest access to the	e AP Audits and/	or DFS	
	DISTRICT NU	MBER: DIS	TRICT NAME:				
	EMPLOYEE A	DDITIONS:					
AP DITS	DFS SHAREPOINT	NAME OF EMPLOYE	E:	POSITION		EMAIL ADDRESS	
	EMPLOYEE D	ELETIONS:					
AP DITS	DFS SHAREPOINT	ELETIONS: NAME OF EMPLOYE	E:	POSITION	E	EMAIL ADDRE	ess
DITS	DFS		E:	POSITION	E	EMAIL ADDRE	ESS
DITS	DFS SHAREPOINT		E:	POSITION	E	EMAIL ADDRE	ESS
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DITS	DFS SHAREPOINT		E:	POSITION	E	EMAIL ADDRE	ESS
DITS	DFS SHAREPOINT	NAME OF EMPLOYE	E:	POSITION AUTHORIZER'S NAME (Signature)		EMAIL ADDRE	DATE
DITS	DFS SHAREPOINT	NAME OF EMPLOYE	E:	AUTHORIZER'S NAME			
DITS	DFS SHAREPOINT	NAME OF EMPLOYE	E:	AUTHORIZER'S NAME		POSITION	
	DFS SHAREPOINT	NAME OF EMPLOYE	E: COMPLETED	AUTHORIZER'S NAME	NAME OF EMPLO	POSITION CBO	