CCHHS Computer Sign-On Request Form Medical										Network:				
Α.	A. \square Add \square Change access or personal info \square Inactivat													
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	With my signature, I affirm that I received, read, and will abide by the Information Security Rules of the Behavior. O1													
User's Signature Plastic/General Surgery resident Position or Title													resident	
C.	C. Primary Location (check one)									s Duration				
□ ACHN □ Core Center □ Juv Det □ Provident □ Cermak □ X J H Stroger □ OFH □ Public Health Medical Department or ACHN Site or Public Health Site								O1 / 14 / 25 06 / 30 / 26 Start Date (End date for temporary users such as students, volunteers, residents & contractors)						
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<mark>G</mark> .	Request authorized by (Department Chair or		Signed Print Name Phone or pager						I	Print Name				
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