

# CopyGuard *User Authorization*

337-482-6341 • Fax 337-262-1031 • [printingservices@louisiana.edu](mailto:printingservices@louisiana.edu)

## Account Information

**Banner Code** \_\_\_\_\_  
FUND                                ORG                                PROGRAM

*Provide the account number that the users listed below can charge their copies against. If you have multiple account numbers, a different User Authorization list must be submitted for each CopyGuard Account Authorization form.*

**Authorizing Signature** \_\_\_\_\_  
AUTHORIZING OR DAY-TO-DAY CONTACT PERSON

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
PRINT

## Users List

**Enable User's Acct.**                       **Disable User's Acct.**

List all faculty, staff, graduate assistants, or student workers that you want to enable or disable access to the CopyGuard account listed above. When making changes to your user list, send only new users or users you need to disable.

ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_  
 ULID \_\_\_\_\_ Name \_\_\_\_\_

*If you need additional space, please use as many copies of page 2 of this form as necessary to finish your list. Make sure your account number appears on all pages.*

