IT Portfolio Management Office
Encryption Service Request

Requester Information
Name: __________________________ Date: ______________
Department: __________________________ Extension/Phone: ______________
Computer User id: __________________________

Computer Information
Make: __________________________ Model: __________________________
Serial Number: __________________________
Operating System: __________________________
S.T.O.P. Indicator on Computer  circle Y or N  http://www.police.uoguelph.ca/stop.html
Technical Contact: __________________ Maintenance Id Required?  circle Y or N
Preferred Maintenance id: __________________

Reason for encryption & description of information protected:
http://www.uoguelph.ca/itgov/documents/EncryptionPolicy-v_5.pdf
____________________________________________________________
____________________________________________________________
____________________________________________________________

Approval Information
Department Head: __________________ Title: __________________
Signature: __________________

For PMO use only:
Request to WinMagic: __________________ Comments: __________________
Installation Date: __________________

Return Requests via:
Campus Mail: Aileen Cameron, Office to the CIO, Vehicle Services
Fax: 519 767 1620 (please confirm by email or phone before faxing)
Scan and Email: aileencc@uoguelph.ca