TSG ACCESS REQUEST FORM

Please provide the following information for the requested user:

☐ New User	☐ Change User	☐ Remove User
First Name:	MI:	Last Name:
Employee #:	Division:	View Mug Shots:
Access Level Requested:		

Department/Division	**Pattern After (Current User's Name ~ Log On Name)**
Probation	
221st DC	
284th DC	
359th DC	
CCL #1	
CCL #3	
CCL #4	
Constables	
Conroe PD	
County Attorney	
District Attorney	
Auditor	
County Clerk	
District Clerk	
Collections	
Fire Marshal	
JPs	
Miscellaneous ( )	
For MCSO Use Only:	
Academy	
Administration	
CJR	
Crime Lab	
Detectives	
Dispatch	
Finance	
Fleet	
IAD	
Jail	
Patrol	
Records/Warrants	
Recruiting	

_____ _____

Printed Name of Supervisor/Title Signature of Supervisor/Date

_____ _____

Supervisor's E-Mail Address MCSO Administration Approval Signature/Date

Form Revised 07/22/2008

Return completed/signed form to Capt. Frankhouser at MCSO.