



# THE OHIO STATE UNIVERSITY

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## JOHN GLENN COLLEGE OF PUBLIC AFFAIRS

### Local Administrative Privileges Agreement

I understand and agree to abide by the Glenn College Standard addressing Local Administrative Privileges. I have reviewed the pertinent OSU policies and have completed the requisite training as specified in that document. I understand all security privileges granted in conjunction with this request are temporary and subject to revocation.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Device: \_\_\_\_\_

JGCPA Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Review Due: \_\_\_\_\_

Return completed form to: Caleb Pulliam  
Page Hall Rm. 250k  
1810 College Rd.