Application for CLAKS Account

Lastname		
Firstname		
Institute	Room	<u>Phone</u>
E-Mail		
(please fill in all points completely as far a	s possible)	
	is to receive	the following cost centers to be able
rder chemicals. (The orders m	ust nevertheless be countersigned	
NONE (the person has no purch	-	
STOCK REQUESTS ONLY w		low (no external orders)
Customary cost centers in the g	roup	
Only the following cost centers		
1.)		
2.)		
3.)		
4.)		
5.)		
(Please check or complete as appro	priate)	
As well as the following rea	ad and write rights to	containers:
READ		WRITE
All containers in department		All group containers
All group containers	(Only own containers
Only own containers	I	No write rights (User is only allowed to read)
(Please check the appropriate box. In gener to the group containers. Students get read		cess to all containers in the department and write access
to the group containers. Students get read	access to the group containers and	write access to their own containers)
 Date		Signature Group Leader
(Due to the password allocation an in pars	on visit of the above-mentioned ne	erson presenting this form is mandatory.)

Account

Date

processed by