# VDOT University Access Request Form

Date of Request: Date of Request

Company’s Full Legal Name: Company’s Full Legal Name Company’s Employee/Student: Employee/Student Name Last 4 digits of SSN: Last 4 digits of SSN

Employee/Student Telephone #: Employee/Student Telephone #

Employee/Student Email Address: Employee/Student Email Address

## Account Type:

* Primary Account

Primary accounts are reserved for business owners and will grant the user access to all online work plan courses and the ability to view and register for instructor-led courses.

## Secondary Account

Secondary accounts are reserved for employees of the company and will grant the user the ability to view and register for instructor-led courses.

## Both Accounts

If you would like to request access to a primary account **and** request access to secondary accounts on behalf of your employees, please use this form to fill out your information, as the primary account holder, and use the following page to submit employee information for secondary accounts.

Requested by: Requested by

EMAIL THIS FORM TO:

[rosalinda.solis@vdot.virginia.gov](mailto:Doretha.Davis@vdot.virginia.gov)

# VDOT University Access Request Form Secondary Accounts

Date of Request: Date of Request

Company’s Full Legal Name: Company’s Full Legal Name

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| --- | --- | --- | --- |
| Employee Name | Last 4 of SSN | Telephone # | Email Address |
| Name | Last 4 of SSN | Telephone | Email |
| Name | Last 4 of SSN | Telephone | Email |
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