

**Louisiana State University Eunice
Office of Information Technology**

DATA CHANGE REQUEST
*All questions must be completed and
appropriate documentation attached.
Incomplete forms will be returned.*

Date: _____ Department Name: _____ DC Request No. _____
(To be filled in by OIT)
Contact Person: _____ Extension: _____

Reason for Request:

What caused the problem leading to this change request?

Are there procedures in place that should have prevented this from happening? Were they followed?
If yes, Why did the error still occur? Yes No Yes No

Has the problem causing this issue been corrected? Yes No Has the associated documentation been updated?
What has been done to prevent this error in the future? Yes No

Detailed Description of change to be made:

*** Documentation for the process associated with the data issue must be attached to this request. IT cannot process a data change without first verifying that documentation to prevent this same problem in the future exists.**

Signature or Requester: _____ Date: _____

Signature of Supervisor: _____ Date: _____

This Section for OIT Use Only

Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Assigned To: _____ Date: _____

Completed: _____ Date: _____