



ARGOS Data Block Acceptance

Name: Phone:

Department: Email:

Data Block Identification

Data Block Name:

Authorization

By signing and submitting this form I acknowledge the following:

- The ARGOS data block listed below meets the requested requirements and specifications.
- I have tested the data block to my satisfaction.
- I authorize i.t. solutions to move the data block in its current state from testing to production.

I further acknowledge that any modifications to this data block will require the submission of a new ARGOS Data Block Request Form to i.t. solutions.

By signing and submitting this form I acknowledge that I have the authority to approve this data block.

Please Print, Sign and Date

Signature

Date

Return the completed form to: Argos Administration
IT Solutions
Von Braun Research Hall Room M-34

For ARGOS Administration Use Only:

Date Received: Date Moved to Production:

Moved by: