

File Restoration Form

This form is used for the purpose of "file" recovery.

Requestor:

System: **ra.msstate.edu** **Web Storage** **Novell**

User Name: _____ NetID: _____

Full Name: _____

Contact or Office Telephone Number: _____

Contact Email Address: _____

Classification: **Faculty** **Staff** **Student**

msstate Email: _____

Directory location of files(s): _____

File(s) to be restored:

Date from which to restore file(s): _____ (Month/Day/Year)

Requestor's Signature **Date**

Requestor's Name (please print)

A student request requires a Faculty signature below.

Faculty Member's Signature **Date**

Faculty Member's Name (please print) **Email Address**

For Help Desk Use Only **Ticket Number** _____