



MISSISSIPPI STATE UNIVERSITY Information Technology Services

File Restoration Form

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

Requestor:

Unix System: [ ] ra.msstate.edu [ ] archive.msstate.edu
User Name: \_\_\_\_\_ NetID: \_\_\_\_\_
Full Name: \_\_\_\_\_
Contact or Office Telephone Number: \_\_\_\_\_
Contact Email Address: \_\_\_\_\_
Classification: [ ] Faculty [ ] Staff [ ] Student

File(s) to be restored:

Four horizontal lines for listing files 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 [ ]