

**DIGITAL SIGNAGE ROLE/ACCESS ASSIGNMENT
AND CHANGE FORM**

SUBMIT COMPLETED FORMS TO:
Classroom Technical Services (CTS)
110 Williamson Hall
Delivery Code 0174E

DIRECTIONS—Please use this form to complete initial role or zone assignments. Once setup is completed, use this for any additional changes, including role assignment updates or access removal. This form must be signed by your department’s authorized Signage Manager and submitted to Classroom Technical Services.

Fax: (612) 625-7388
TTY (hearing impaired): (612) 626-0701
Email: CTStech@umn.edu

Dept. Contact	Role	Responsibilities
Signage Manager <i>single user; can be Signage Support Rep.</i>	Administrator	<ul style="list-style-type: none"> • Assigns and removes access for all department digital sign contacts. • Assigns and removes email addresses from email notifications lists. • Ensures content compliance with University digital signage policies. • May serve other roles if specified (including as Support Representative).
Signage Support Rep. <i>single user; can be Signage Manager</i>	Contact for CTS-IT	<ul style="list-style-type: none"> • Position is assigned or simultaneously held by the Signage Manager. • Communicates with CTS-IT for technical issues resolution.
Content Approver(s) <i>two are recommended (primary and alternate) but are not required</i>	Content Administrator and Lead Creator	<ul style="list-style-type: none"> • Position assigned by the Signage Manager. • Creates digital signage content, which is automatically authorized. • Receives new content notification emails and approves content created by Content Creators, if designated by Signage Manager. • Authorized to add, edit, or delete bulletins or communal media (i.e., templates, backgrounds, pictures, videos, etc.) within assigned zones.
Content Creator(s)	Creates Digital Signage Content	<ul style="list-style-type: none"> • Position assigned by the Signage Manager. • Creates digital signage content, which must be approved by a Content Approver. • Content edited after approval must also be approved by a Content Approver. • Can only edit personal media, not other users’ media.

SELECT ONE: Initial DDS Setup Department/College: _____
 Change

Signage Manager and Signage Support Representative Assignment	Role Assignment
Name (First & Last): _____ Title: _____ Internet ID: _____ Office Phone: _____ Fax: _____ <i>If Removal, specify who to transfer content to or write "Delete": _____</i>	<input type="checkbox"/> Add Signage Mgr. <input type="checkbox"/> Remove Signage Mgr. <input type="checkbox"/> Add Support Rep. <input type="checkbox"/> Remove Support Rep.

Name (First & Last): _____ Title: _____ Internet ID: _____ Office Phone: _____ Fax: _____ <i>If Removal, specify who to transfer content to or write "Delete": _____</i>	<input type="checkbox"/> Add Signage Mgr. <input type="checkbox"/> Remove Signage Mgr. <input type="checkbox"/> Add Support Rep. <input type="checkbox"/> Remove Support Rep.
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Name (First & Last): _____ Title: _____ Internet ID: _____ Office Phone: _____ Fax: _____ <i>If Removal, specify who to transfer content to or write "Delete": _____</i>	<input type="checkbox"/> Add Signage Mgr. <input type="checkbox"/> Remove Signage Mgr. <input type="checkbox"/> Add Support Rep. <input type="checkbox"/> Remove Support Rep.
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Zone 1 Name	
Zone 2 Name	
Zone 3 Name	
Zone 4 Name	
Zone 5 Name	

Content Approver(s) Assignment	Role Assignment
Name (First & Last): _____	All <input type="checkbox"/> Add <input type="checkbox"/> Remove
Title: _____ Internet ID: _____	1 <input type="checkbox"/> Add <input type="checkbox"/> Remove
Office Phone: _____ Fax: _____	2 <input type="checkbox"/> Add <input type="checkbox"/> Remove
<i>If Removal, specify who to transfer content to or write "Delete": _____</i>	3 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	4 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	5 <input type="checkbox"/> Add <input type="checkbox"/> Remove

Name (First & Last): _____	All <input type="checkbox"/> Add <input type="checkbox"/> Remove
Title: _____ Internet ID: _____	1 <input type="checkbox"/> Add <input type="checkbox"/> Remove
Office Phone: _____ Fax: _____	2 <input type="checkbox"/> Add <input type="checkbox"/> Remove
<i>If Removal, specify who to transfer content to or write "Delete": _____</i>	3 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	4 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	5 <input type="checkbox"/> Add <input type="checkbox"/> Remove

Name (First & Last): _____	All <input type="checkbox"/> Add <input type="checkbox"/> Remove
Title: _____ Internet ID: _____	1 <input type="checkbox"/> Add <input type="checkbox"/> Remove
Office Phone: _____ Fax: _____	2 <input type="checkbox"/> Add <input type="checkbox"/> Remove
<i>If Removal, specify who to transfer content to or write "Delete": _____</i>	3 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	4 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	5 <input type="checkbox"/> Add <input type="checkbox"/> Remove

Content Creator(s) Assignment	Role Assignment
Name (First & Last): _____	All <input type="checkbox"/> Add <input type="checkbox"/> Remove
Title: _____ Internet ID: _____	1 <input type="checkbox"/> Add <input type="checkbox"/> Remove
Office Phone: _____ Fax: _____	2 <input type="checkbox"/> Add <input type="checkbox"/> Remove
<i>If Removal, specify who to transfer content to or write "Delete": _____</i>	3 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	4 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	5 <input type="checkbox"/> Add <input type="checkbox"/> Remove

Name (First & Last): _____	All <input type="checkbox"/> Add <input type="checkbox"/> Remove
Title: _____ Internet ID: _____	1 <input type="checkbox"/> Add <input type="checkbox"/> Remove
Office Phone: _____ Fax: _____	2 <input type="checkbox"/> Add <input type="checkbox"/> Remove
<i>If Removal, specify who to transfer content to or write "Delete": _____</i>	3 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	4 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	5 <input type="checkbox"/> Add <input type="checkbox"/> Remove

Name (First & Last): _____	All <input type="checkbox"/> Add <input type="checkbox"/> Remove
Title: _____ Internet ID: _____	1 <input type="checkbox"/> Add <input type="checkbox"/> Remove
Office Phone: _____ Fax: _____	2 <input type="checkbox"/> Add <input type="checkbox"/> Remove
<i>If Removal, specify who to transfer content to or write "Delete": _____</i>	3 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	4 <input type="checkbox"/> Add <input type="checkbox"/> Remove
	5 <input type="checkbox"/> Add <input type="checkbox"/> Remove

Printed Name: _____	Internet ID: _____
Signage Manager Signature: _____	Date: _____

Submit completed forms to: Classroom Technical Services (CTS) • 110 Williamson Hall, Delivery Code 0174E • Fax (612) 625-7388 • CTStech@umn.edu

Incomplete forms will not be accepted.