

Information Technology Services – Applications / Web Services

Traffic Report Request

Report Status: **One Time** **Monthly**

Website Address: _____

Department: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Supervisor Name: _____

Supervisor Email: _____

Report Purpose: _____

Applicant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Web Traffic logs will be run on the 3rd day of the month and will report all website traffic for the previous month. The reports will be sent via email to the email address listed on this form.

Please return completed form to Information Technology Services, Room 2041 in the HSCN, or via campus mail to Box 9011.

Requests will be created within 5 business days of receipt.