DNS Update Requisition Form

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Employee Name:		**Title:**	
Employee Number:		**Supervisor:**	
Department:		**Phone Number:**	
Email Address		**Mobile Number:**	

Action Requested	DNS Entry / Sub-domain	DNS Record	Map to (DNS Entry / IP Address)	Remarks
☐ **Add** ☐ **Modify** ☐ **Delete**		☐ **A** ☐**CNAME** ☐ **MX** ☐ **NS** ☐ **PTR** ☐ **TXT (SPF)**		
☐ **Add** ☐ **Modify** ☐ **Delete**		☐ **A** ☐**CNAME** ☐ **MX** ☐ **NS** ☐ **PTR** ☐ **TXT (SPF)**		
☐ **Add** ☐ **Modify** ☐ **Delete**		☐ **A** ☐**CNAME** ☐ **MX** ☐ **NS** ☐ **PTR** ☐ **TXT (SPF)**		
☐ **Add** ☐ **Modify** ☐ **Delete**		☐ **A** ☐**CNAME** ☐ **MX** ☐ **NS** ☐ **PTR** ☐ **TXT (SPF)**		

Terms & Conditions:

1. Only the records for domain specified above will be updated.

2. Update request will need at least 2 working days for processing upon receiving the completed information.

Employee Signature: **Date:**

Supervisor Signature: **Date:**