



THE GOVT. SADIQ COLLEGE WOMEN UNIVERSITY, BAHAWALPUR
Directorate of Information Technology

Turnitin Account Access and Authorization Performa

Name: _____

Designation: _____

Department: _____

Employee ID: _____

Employee Email: _____

Phone No.: _____

User Compliance

I will use official Turnitin account access for Organizational purpose only. I affirm and understand that I will obey the privacy and security policy of Turnitin access.

If I commit any violation of this policy, my access privileges may be revoked, disciplinary action and/or appropriate legal action may be taken.

Signature of Employee: _____

HOD Sign & Stamp: _____

For Directorate of IT use only

Action:	
Remarks:	
Authorized Signature:	