

User Access Review & Audit Report

General Information

System Name	
Date of Review	
Reviewer(s)	
Department/Unit	
Reporting Period	

Purpose & Scope

User Access List

User Name	Role/Access Level	Department	Date Granted	Owner/Manager	Status	Remarks

**Status: Active/Inactive/To be removed/Changed*

Findings & Issues

Description of Issue	Users Affected	Risk Level	Recommendation	Status

Review Actions Taken

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Conclusion & Next Steps

Reviewer Signature

Date: _____

Manager Approval

Date: _____