

Computer Account ☐ Initial Request/☐ Change Form

(Please Print Clearly)

First Name: _____ MI: _____ Last Name: _____

Organization/ Department: _____ Location: _____

UA ID Number (Not SSN) _____ Phone: (_____) _____ - _____

MAU (Campus): ☐ UAA ☐ UAF ☐ UAS ☐ SW UA Username (If Known): _____

STATEMENT OF RESPONSIBILITY:

Access to the computing facilities is granted to members of the University community to conduct University business and instruction with the understanding that such access is a privilege and carries with it certain responsibilities. Use of the facilities to interfere with the privacy and security of other users, for political purposes, or for personal, financial or commercial gain is prohibited. Statements in files on computer media are protected by the same laws and policies, and are subject to the same limitations, as communications in other media. Under Alaska statutes, documents in the files of employees of the university are considered to be public documents, and may be subject to inspection. Users should exercise caution when committing confidential information to electronic media, because the confidentiality of such material cannot be guaranteed. With current standards and technology, neither the privacy nor the source of electronic mail can be guaranteed. Please do not use electronic mail for communication where privacy is required. Please note that your data is yours to care for; the University cannot be responsible for restoring data lost through your mismanagement. For further information on policies and procedures governing computer access and system resource allocation, see the Board of Regents Policy & Regulations.

Your password is the primary protection for your files, your mail, and your USERNAME. **You are responsible for all activity on your USERNAME.** You should never tell anyone else your password and you should always change your password immediately after receiving a new USERNAME or after having the computer support staff change your password. User account forms are kept on file at the Support Center. When you leave the University, your manager will complete and submit a Terminated Staff Account Extension/Deletion Form. Your accounts will be either disabled or, if marked, extended. Two weeks after being disabled, your accounts and files will be deleted. All user account forms will be kept on file for one year after termination, at which time they will be shredded. Please contact the OIT Support Center at 1-800-478-8226 or 450-8300 with any questions.

I have read the above statement and agree to abide by all provisions.

Signature: _____ Date: ____/____/____

All account requests, including name changes, require authorized signature as described below.

Account Type (if not Staff or Faculty):

☐ Student | ☐ Statewide Mentor | ☐ Other: _____

System Access Requested: Place a **checkmark** next to **the systems** for which you are requesting an account, and **list what this account will need access to** for the specific systems. **List any groups this account will need to be part of** for the specific systems.

☐ Computer Login - Groups or Shared Drive Path: _____

Roxen: ☐ UAF ☐ SW ☐ Test – URL: _____

☐ E-Mail Account ☐ UAF Blackboard ☐ OIT VPN ☐ HP ServiceManager

☐ Other: _____

I authorize the requested access for the individual whose signature appears above:

Supervisor / Dept Head / Dean	_____	_____
or for student access	_____	_____
Sponsoring Faculty	_____	_____
	print	phone
	sign	date