



Computer Account Request Change

(Please Print Clearly)

First Name: _____ MI: _____ Last Name: _____

Department: _____ Bldg./Room Location: _____

Phone: _____ - _____ Email: _____

Statement of Responsibility:

Access to computing systems, facilities, and equipment is granted to members of the University community for the conduct of University business and instruction with the understanding that such access is a privilege and carries with it certain responsibilities. Access is revoked upon termination of employment or student status. Research data or work done in the course of employment remains with the University unless otherwise noted by BOR Policy & Regulation 08.06 - Information Technology. Use of the facilities to interfere with the privacy or security of other users, for political purposes, for personal financial gain, or use that is in violation of current UAA or IT computing policies is prohibited and may result in the loss of computing privileges. Usernames are to be used only by the individual to whom it has been assigned. Usernames may not be borrowed, loaned, bought, or sold. The University reserves the right to disclose the identity of a user to appropriate authorities in the course of a bona fide investigation of alleged misuse. Please read the posted Rules of the Lab signs at each lab. Individuals who use the lab facilities are responsible for knowing and adhering to the policies and posted rules of each lab. As a member of NorthWestNet, the University adheres to the policies of appropriate use governing this network. Further information on policies and procedures governing computer access and system resource allocations is available through consultants or your local computer coordinator. Please obtain and read a copy of the UAA Policy on Appropriate Use of Computing Resources document. Your signature below indicates you agree to abide by these provisions. Must be 18 or older to sign. Minors (individuals under age 18) must still sign this form and have their Sponsoring Parent fill out the Under-Age Student Supplemental Form in addition to this form.

(Extracted from BOR Part II Chapter VII; see text at <http://www.alaska.edu/bor/policy-regulations/>)

Access Authorization: General Statement: Information Resources may not be accessed without express or implied authorization. Authorization granting access to Information Resources may be granted contingent upon the User affirming an understanding of, and/or agreement to, general or specific restrictions and procedures relative to access, disclosure and/or use. Restricted information or sensitive or private information of others may only be accessed or disclosed as provided by these regulations. University information should only be accessed or disclosed as appropriate to the User's status and/or function.

Employee Signature: _____ Date: _____ / _____ / _____

Supervisor Signature: _____ Date: _____ / _____ / _____

Account Type:

Student Worker Staff

Faculty

VoIP Phone: Will you need a new phone? Yes No

Requested Shared Drive access: (Please indicate which departmental shares are requested for access. By default; the new user will be added to the e-mail and shared group(s) of the department noted above.)

CTS Use Only:

Received by: _____ Date: _____ / _____ / _____