

Computer Account Request/Change Form

(Please Print)

First Name: _____ MI: _____ Last Name: _____ MAU: UAF SW

Organization/ Department: _____ Location: _____

Employee ID Number [SSN UA ID] _____ Contact Phone: (____) _____ - _____

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 Help Desk. 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.

Employee Signature: _____ Date: ____/____/____

Account Type:

- | | | |
|---|---|--|
| <input type="checkbox"/> F – University Faculty | <input type="checkbox"/> T – Graduate/Research Student | <input type="checkbox"/> Y – Department |
| <input type="checkbox"/> N – University Staff | <input type="checkbox"/> S – Student | <input type="checkbox"/> B – Club/Organization |
| <input type="checkbox"/> X – Support Staff | | |
| <input type="checkbox"/> H – Other: _____ | Statewide Student: yes <input type="checkbox"/> no <input type="checkbox"/> | Statewide Mentor: yes <input type="checkbox"/> no <input type="checkbox"/> |

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.

- | | |
|--|--|
| <input type="checkbox"/> Domain: _____ | |
| <input type="checkbox"/> E-Mail: _____ | <input type="checkbox"/> Meeting Maker: _____ |
| <input type="checkbox"/> Blackboard | <input type="checkbox"/> Radius (VPN) |
| <input type="checkbox"/> Roxen: _____ | <input type="checkbox"/> Peregrine ServiceCenter |
| <input type="checkbox"/> Goldmine | <input type="checkbox"/> Other: _____ |

Department Fund/Org: _____/_____ (For Meeting Maker accounts and UAF Domain Shared Drive access)

All access changes or new requests, including name changes, require supervisor signature.

I hereby authorize the requested access for the employee whose signature appears above:

Department Head Name (Print): _____ Phone: (____) _____ - _____

Department Head Signature: _____ Date: ____/____/____

OIT SUPPORT CENTER USE ONLY:

Received by: _____ Date received: ____/____/____ Processed by: _____ Process completed: ____/____/____

Comment: _____

USERNAME: _____