



Network Access Request Form

Please Print Neatly

Check Appropriate Status: ___FACULTY ___STAFF

Complete Name:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	
College ID Number	Campus Phone	
_____	_____	
Department	Request Date	

Your USERID/USERNAME will be your last name followed by your first initial. In the event of a duplicate name, the username would be your last name followed by your first initial AND your middle initial. The ITS department will notify the user of this occurrence.

Your temporary password is EC# followed by your college id number. For example, if your ID number is 1234567, your temporary password will be EC#1234567. Please make sure to type a capitalized EC.

Guidelines for the use of your computer account are set forth in the Employee and Faculty Handbooks.

Unauthorized transfer of a file OR unauthorized use of another individual's identification and password is prohibited. Distribution of your personal identification and password is also prohibited. Use of computer facilities to interfere with the work of another student, faculty member, or college official may result in the loss or suspension of your account.

By signing this document, you are acknowledging that you are aware of, and will abide by, the rules and policies regarding use of the college's computer facilities. Any violation of the above mentioned rules will result in the loss or suspension of the violator's computer account and privileges, and possible disciplinary action. Any violations of applicable rules or policies may also result in legal action taken against the violator.

Signature _____ Date _____

Network Accounts will take approximately 1-3 business days to setup. Once your account has been configured, you will receive a confirmation phone call at the number listed above.

To Be Completed by ITS

Username _____ Password _____

Completed by _____ Date _____

Employee information has already been submitted to ITS.