

IT Systems Access Request Form

1. I agree that by requesting this account I will be responsible for its security and understand that I may be held liable by the University as a result of any unauthorized access to the system by my negligence in protecting the security of my account. I agree to notify Information Technology immediately if I have any reason to believe the security of my account has been violated. I will be the only user of this account.
2. I understand that users do not own accounts on University computers, but are granted the privilege of exclusive use. See Electronic Communications Privacy Act of 1986 (title 18 U.S.C. sections 2510 et. seq.)
3. I understand that any attempt to circumvent data protection schemes or uncover security loopholes is a violation of state and federal law.
4. I understand that knowingly or carelessly performing an act that will interfere with the normal operation of computers, terminals, peripherals or networks is prohibited.
5. I agree to respect copyright and intellectual-property rights. Users must adhere to the Texas A&M University-Commerce Administrative Rule 25.99.09.R1 section 3, and the terms and conditions of any and all software licensing agreements and/or copyright laws as specified by the vendor or licensor.
6. I agree to abide by the University rules regarding use of electronic mail facilities as detailed in the Texas A&M University-Commerce Administrative Rule 25.99.09.R1 sections 4, 5 and 6.
7. I understand that upon termination of employee status this account will be removed.
8. Failure to enter the correct password 6 or more times will lock out your account for 30 minutes for AD and e-mail accounts.
9. Passwords expire every 90 days for Banner and every 120 days for AD and e-mail accounts regardless of employment status.
10. Any Banner account that is not accessed a minimum of one time in 120 days will be disabled.
11. Initial passwords will be left in your voicemail box.

Texas A&M University-Commerce Administrative Rule 25.99.09.R1 is located at
<http://www.tamuc.edu/aboutus/policiesproceduresstandardsstatements/rulesprocedures/>

By completing this application form, I **agree** to abide by the above as well as all A&M-Commerce rules and regulations. I further understand that if I violate any of these rules that my account may be disabled and disciplinary action may be taken.

Submitted forms must have an original department head signature and include all requested information. Electronic and facsimile submissions cannot be accepted. Forms must be submitted in person. **Please be sure to fill out this form clearly and accurately.**

Keep this page for your records

IT Systems Access Request

User Information:

CWID: _____ UIN: _____ Name (Last, First, MI): _____
Department: _____ Office Phone Number: _____
Position/Title (As you want listed in the directory): _____
Employment Classification (Faculty, Staff, GA, Student Worker, Contractor or Temp): _____
Start and End Dates (Required for Contractors and Temps): _____

Type of Request:

New Account
Permissions Change (Add or Remove)
User Information Change (Name change requests will affect the account types that are indicated below with an asterisk.)

Account Type: (Check all that apply)

- * AD - Log into computer (LastNameFirstName)
- * E-mail - FirstName.LastName@tamuc.edu (AD Account Required)
- DFS - Network Share (\\ctis\dfsroot\????) (AD Account Required)
Location of Folder: _____
- Cascade - CMS for web editing (Check all that Apply)
Department Web pages Faculty Web pages CV&Syllabi
- Long Distance Authorization - Request for Long Distance Passcode (Phone Number Required Above)
Account Number for Authorization: _____
- * Fortis - Electronic File Management System (AD Account Required)
Database access Required: _____
Database Owner Signature (If not Department Head): _____
- * WebFocus - Reporting Tool
Type of access requested: _____

- * Other - Describe Other Types of Access Requested: _____

*For Banner access, please complete the Banner Access Request Form.

Approval

User Signature: _____ Date: _____

Note: By signing this form you agree to the statements on page 1.

Department Head Signature: _____ Date: _____

Department Head Printed Name: _____ Phone Ext: _____

CIO Approval: _____ Date: _____

(External Accounts Only)