APPLICATION FOR NETWORK USER ACCOUNT

Phone: 202-274-5941 Fax: 202-274-6006 Email: support@udc.edu

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| *complete this form, obtain appropriate approval signatures and return*  |

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| **last name**Click here to enter text. | **first name**Click here to enter text. | **middle name/initial**Click here to enter text. | **purpose** Click here to enter text. |
| **work phone**Click here to enter text. | **fax**Click here to enter text. | **campus address building**Choose an item. | **room or off site address**Click here to enter text. |
| **organizational unit**Click here to enter text. | **department**/**college**Click here to enter text. |
| **status** Choose an item. | **ssb number**Click here to enter text. |

**i understand that my access to the computer systems of the University of the District of Columbia, on this account, MUST NOT be used for commercial purposes or monetary gain. i accept responsibility for all activity on this account and promise that my use will be in compliance with all applicable university regulations. further, i understand that the *office of information technology* personnel reserves the right to review and modify – at any time – access for services in light of the current demands on the resources and to award access on a priority basis.**

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| **signature:** | **date:** |

 **employee certification**

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| **AUTHORIZATION : to be completed by department head, supervisor, or academic advisor** |

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| **name**Click here to enter text. | **telephone:**Click here to enter ext. |

 **department head/supervisor/academic advisor**

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| **signature** | **date** |

 **department head/supervisor/academic advisor**

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| **FOR OFFICE OF INFORMATION TECHNOLOGY USE ONLY** |
| **ACCOUNT NAME:****NOTIFICATION:** | **MAILBOX NAME:** | **PROCESSED BY:** | **DATE:** |

**revised 9/27/11**