APPLICATION FOR NETWORK USER ACCOUNT

Phone: 202-274-5941 Fax: 202-274-6006 Email: [support@udc.edu](mailto: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**