*APPLICATION FOR NETWORK USER ACCOUNT*

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***last name*** | ***first name*** | ***middle name/initial*** | ***purpose***  |
| ***work phone*** | ***fax*** | ***campus address building*** | ***room or off site address*** |
| ***organizational unit*** | ***department****/****college*** |
| ***status***  | ***ssb number*** |
| ***signature:*** | ***date:*** |

***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.***

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

***employee certification***

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

 ***department head/supervisor/academic advisor***

|  |  |
| --- | --- |
| ***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:*** |

***BLANK - revised 3/22/12***