

ACCOUNT CREATION/ MODIFICATION FORM

ITSS, Saint Mary's University



User Information (Required)

First Name: _____	Building & Room #: _____
Last Name: _____	Office Phone Ext. #: _____
Job Title: _____	Secretary Phone Ext.#: _____
Banner#: A _____	Department: _____
Prior to this new position, have you ever worked or studied in SMU?: _____ <i>(Please circle one): YES or NO</i>	

Fill In If Available

"S"#: S _____	Alternative Email: _____
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Creation of New Account	Modification of Current Account
<p><u>1) Type of Account</u></p> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Research/Teaching Asst. <input type="checkbox"/> Generic Account <input type="checkbox"/> Network Share Creation Share Name: _____ End Date (If Applicable): _____ <p><u>2) Accounts Required:</u></p> <input type="checkbox"/> Email <input type="checkbox"/> SMUNET <input type="checkbox"/> SMUport <input type="checkbox"/> BOE Other: _____ <p><u>3) Access Required:</u></p> <input type="checkbox"/> MP2 <input type="checkbox"/> EMS <input type="checkbox"/> PaperCut Department(s): Dept #1 _____ Dept #2 _____ <input type="checkbox"/> Internet Native Banner* (See helpdesk for 2 nd form) Other: _____	<p><u>1) Accounts to be modified:</u></p> <input type="checkbox"/> Email <input type="checkbox"/> SMUNET <input type="checkbox"/> SMUport <input type="checkbox"/> BOE Other: _____ Expiry Date: _____ <p><u>2) Request type</u></p> <input type="checkbox"/> Increase Quota <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Owner <input type="checkbox"/> Access Rights <input type="checkbox"/> PaperCut Department(s): Dept #1 _____ Dept #2 _____ <p><u>3) Notes/ Explanation:</u></p> _____ _____ _____ _____ _____

Authorization

The Chair, Dean or Head of your department must be the authorizing signature.

I have read, understood, and agreed to the Policy on Information Technology outlined by ITSS with regards to maintaining a Saint Mary's University computer account.

_____	X	_____	_____
(Print) Applicant's Name		Applicant's Signature	Date
_____	X	_____	_____
(Print) Authorizing Name		Authorizing Signature	Date

Office Use Only

Account Created	Username	Password	Creator	Date

Pickup Signature: _____ **Date:** _____ **Helpdesk Initials:** _____