Integrated Information Technology Services

Network ID Request Form

Please print in blue or black ink legibly. Your form will be returned if it is unreadable or in any other color.

Please return this form to the Computer Help Desk, x-3115, Room L118 in the basement of the Library. Rev. 1/11

<table>
<thead>
<tr>
<th>Name:</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Today's Date:</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Division/Department:</th>
<th>Building:</th>
<th>Room #:</th>
<th>Phone #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I am:</th>
<th>Alumni</th>
<th>Contract</th>
<th>Guest</th>
<th>____________</th>
</tr>
</thead>
</table>

*Mandatory:
User Signature: ___________________________________________________________

Please Note: 2 signatures are required for all forms. Form will be returned if Mandatory 1 or Mandatory 2 are not completed.

Optional Special Access Requirements: (To be filled out by Head of School, Division, Department, or Supervisor)

Does user require access to their School’s, Division’s or Department’s Folder? ☐ Yes ☐ No

If Yes, Which Division or Department Folder? _____________________________________________________________

Any Other Special Access Requirements? ________________________________________________________________

*Mandatory 1: (Approve above Access Requirements)
Head of School, Division, Department or Supervisor Signature: _________________________________________________

Optional: (If account is alumni or guest) The account will expire at 11:59 PM on: ___ / ___ / ___

*Mandatory 2:
IITS Signature: ___________________________________________________________

OFFICE USE ONLY:

Login ID: ___________________ Standard Group Memberships: ☐ Everyone ☐ Printing

Special Group Memberships: _________________________________________________________

Helpdesk Received: ___ / ___ / ___ Networking Received: ___ / ___ / ___ Completed: ___ / ___ / ___

User ID: _____________________ This is your new username and password.
Password: _____________________
Date Created: ________________

Please call the Computer Help Desk at x-3115 to schedule an appointment or for help changing your password

Notes: You will be asked to change your password every 3 months. The system will notify you when your password has expired.
Once a Password has been used, it cannot be reused due to security restrictions in the system.
This User Login ID will work on Your Office, Library Public Area, Computer Lab Computers, and id required for Wireless Authentication.
For your security, do not share your account and password with anyone. This password CANNOT be reset using http://password.utica.edu.