

Network Access Form



Demographics

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| First Name: | |
| Middle Name: | |
| Last Name: | |
| Account Type: | |
| Department: | |
| Student ID #: | |
| Office Location: | |

Note: Student ID # and Office Location are filled out as required

All individuals requesting network access to UACCM resources are bound by the UACCM *Acceptable Use Policy*, the UACCM *Information Systems Access Policy*, and the UACCM *Privileged Access Agreement* (if required.)

AGREEMENT

I have read the applicable policies referenced above. I agree to comply with the provisions of these policies and any other policies that govern my usage of the UACCM network resources at my disposal. I understand that violations of the rules governing usage of UACCM network resources may result in loss of network privileges and may entail legal action.

Authorized Signature _____