

Network Access Form

Please return to UACCM Help Center



First Name: _____

Middle Name: _____

Last Name: _____

Office Location: _____

Employee Department: _____

Employment Type: FT Faculty Adjunct FT Staff PT Staff Workstudy

Please check here if the employee is hired for a supervisory position

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 and 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.

Employee Signature: _____

UACCM SUPERVISORS ONLY

Systems or Resource Access Requested -- Please be specific when listing access to resources. If there is an existing account that has the desired level of access, please list that account as the source for the new account.

Supervisor Signature: _____