

University of the District of Columbia

Office of Information Technology, Technical Support

Building 41 Room 316

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



Application for NETWORK User Account

PLEASE COMPLETE THE FOLLOWING INFORMATION

REQUESTER MR. DR. MRS. MS. NAME _____

STATUS: faculty staff student other specify) _____

PURPOSE _____

DEPARTMENT: _____

COLLEGE: _____

CAMPUS _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

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

AUTHORIZATION: TO BE COMPLETED BY DEPARTMENT HEAD, SUPERVISOR, OR ACADEMIC ADVISOR

NAME: _____ TELEPHONE: _____
(please print clearly)

SIGNATURE

DATE

FOR OFFICE OF INFORMATION TECHNOLOGY USE ONLY

ACCOUNT NAME:	MAILBOX NAME:	PROCESSED BY:	DATE:
NOTIFICATION:			