

Computer Account Request Form

ETSU Office of Information Technology

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This section for use by the Office of Information Technology

Application Number	_____
Applicant Name	_____
Date Received	_____

Section 1. Personal Information. To process your request, all information in this section must be completed. Please print or type.

Name _____	
[last]	[first] [middle]
Employee ID Number _____	School / College _____
Date of Birth _____	Department / Office _____
ETSU Phone Number _____	Campus Box Number _____
Supervisor _____	Chart/Index Number _____

Faculty Staff Adjunct Faculty
 Graduate Student Undergraduate Student
 I am not paid through ETSU Payroll. ETSU Physicians and Associates (MEAC) other: _____
 New Employee: start date - ____ / ____ / ____ Temporary Employee: end of contract - ____ / ____ / ____

Section 2. Account requests. Check all that apply.

- I am requesting that an ETSU domain/e-mail account be created for my personal use.
- I have changed my legal name, notified Human Resources (94457) of the change, and I want my personal account to reflect this change.
- I am a (former) student now employed by ETSU and I am requesting that my student account be changed to a faculty/staff account.
NOTE: Student workers, tuition scholars and graduate assistants are not eligible for a faculty/staff account.
- I am requesting that an ETSU domain account with the name _____ be created for use by our department/organization.
 This account also needs an associated e-mail address with the display name of _____.
NOTE: Departmental accounts can only be requested by regular, full-time employees. Student organizations need the signature of the faculty advisor.
- I am requesting that a Solaris operating system account with the name _____ be created on the following list of servers.
server(s): _____.

Section 3. Resource requests. Check all that apply.

- I am requesting a PIN for university-related long distance telephone calls that will be charged to the chart/index number in section 1.
- I am requesting permission to modify the web site located at http://_____.
- I am requesting access to the following network folder(s): _____.
- I am requesting access to the _____ OptiDoc collection. Type of access needed: view. scan & index.
NOTE: Access to an OptiDoc collection must be authorized by the owner of the collection. Signature of collection owner: _____.

Section 4. Network requests. Check all that apply.

- I am requesting access to utilize Virtual Private Networking (VPN) resources.
 I have attached a letter of justification (required).
- I am requesting a firewall exemption for the host with the IP address 151.141. ____ . ____ to be accessed on port(s) _____.
 I have attached a letter of justification (required).
- I am requesting an internal wireless survey in building _____, room _____.

Section 5. Other requests.

- I have an alternate request:

I agree to abide by the ETSU Computer Resource Code of Ethics, found at <http://www.etsu.edu/oit/ppp/policies/ethics.asp> and further agree that accessing ETSU computing resources and using my assigned user identification and/or password gives ETSU permission to review, by any method it deems appropriate, any and all material I store on any system owned, operated and/or maintained by ETSU in order to protect the integrity and security of the system.

signature of applicant	date	signature of department head, budget supervisor or faculty advisor	date	printed name of department head, budget supervisor or faculty advisor
All signatures, printed names and dates are required. Faxed versions of this form will not be accepted.				