

# ACCOUNT CREATION/ MODIFICATION FORM

## ITSS, Saint Mary's University



### User Information (Required)

<b>First Name:</b>	<b>Building &amp; Room #:</b>
<b>Last Name:</b>	<b>Office Phone Ext. #:</b>
<b>Job Title:</b>	<b>Secretary Phone Ext.#:</b>
<b>Banner#: A</b> _____	<b>Department:</b>
<b>Prior to this new position, have you ever worked or studied in SMU?:</b> <span style="float: right;"><i>(Please circle one): YES or NO</i></span>	

### Fill In If Available

<b>"S"#: S</b> _____	<b>Alternative Email:</b>
----------------------	---------------------------

<b>Creation of New Account</b>	<b>Modification of Current Account</b>
<p><b>1) Type of Account</b></p> <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Research/Teaching Asst. <input type="checkbox"/> Generic Account <input type="checkbox"/> Network Share Creation Share Name: _____  End Date (If Applicable): _____  <p><b>2) Accounts Required:</b></p> <input type="checkbox"/> Email <input type="checkbox"/> SMUNET <input type="checkbox"/> SMUport <input type="checkbox"/> BOE Other: _____  <p><b>3) Access Required:</b></p> <input type="checkbox"/> MP2 <input type="checkbox"/> EMS <input type="checkbox"/> PaperCut Department(s): Dept #1 _____ Dept #2 _____ <input type="checkbox"/> Internet Native Banner* (See helpdesk for 2 <sup>nd</sup> form) Other: _____	<p><b>1) Accounts to be modified:</b></p> <input type="checkbox"/> Email <input type="checkbox"/> SMUNET <input type="checkbox"/> SMUport <input type="checkbox"/> BOE Other: _____ Expiry Date: _____  <p><b>2) Request type</b></p> <input type="checkbox"/> Increase Quota <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Owner <input type="checkbox"/> Access Rights <input type="checkbox"/> PaperCut Department(s): Dept #1 _____ Dept #2 _____  <p><b>3) Notes/ Explanation:</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

### Authorization

**\*\*The Chair, Dean or Head of your department must be the authorizing signature.\*\***

I have read, understood, and agreed to the Policy on Information Technology outlined by ITSS with regards to maintaining a Saint Mary's University computer account.

_____	<b>X</b>	_____	_____
(Print) Applicant's Name		Applicant's Signature	Date
_____	<b>X</b>	_____	_____
(Print) Authorizing Name		Authorizing Signature	Date

### Office Use Only

Account Created	Username	Password	Creator	Date

**Pickup Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Helpdesk Initials:** \_\_\_\_\_