

Purdue University Northwest
PC Local Area Network Request for Access (Form 51)

Requester Information

Full Name: PUID:
Department: Building/Room: Phone:
Regular FT/PT Purdue Employee Temp. Staff Student Worker
Job Title: Hire Date:

Access Requested

E-mail Account Account Privileges for use by Staff of PNW Affiliates

for E-mail Account Request Only

Default E-mail Lists

#PNW_All_Faculty_and_Staff, #PNW_Open_Forum

(A full list of available Lists and Owners can be found at www.pnw.edu/information-services/email-distribution-lists)

Default Network Drive Access

All_PNW_Staff, G_(your building), G_VPN_STAFF_NETWORKMODE

Additional Network Drive Access

Request access to: (i.e. G_FSOP, G_CSSAC)

Delegate Access

Access to other mailbox:

for Account Privileges Request Only

Student Password Reset/Unlock Accounts Full Time Operator
Staff Password Reset/Unlock Accounts Student Operator
Full Time Server Admin Access Server Privilege
Student Server Admin Access Other (PCI Workstations)

for use by Staff of PNW Affiliates Request Only

Name of Affiliate:
Location: Building/Room: Phone:
Job Title: Account Expiration Date:

You should read the IT Resource Acceptable Use Policy before you sign this form.

I accept the responsibility for protection of and correct use of any access granted me to any Purdue University Northwest data. I agree to use my Purdue University Northwest accounts for computer activity related to employment at Purdue Northwest and understand that account authorization is non-transferable and will be revoked upon termination of employment. I understand the requirements stated in the IT Resource Acceptable Use Policy (<http://www.purdue.edu/policies/information-technology/via2.html>) and will follow them.

Requester Signature

Date

Reason(s) for access:

Authorizing Signatures

I hereby authorize the requester to access the PC Local Area Network for the purpose of fulfilling duties related to employment at Purdue Northwest/their work for the affiliated organization identified above.

Head/Supervisor Signature (Print and Sign) -Required

Date

for Account Privileges Request:

I hereby authorize the requester the special privileges on the PC Local Area Network for the purpose of fulfilling duties related to employment at Purdue Northwest. I will request that special privileges are removed upon termination of employment.

Director Signature

Date

Please email completed form to CSC@PNW.EDU.

To remove privileges, please e-mail the CSC (csc@pnw.edu) to create a request to remove special privileges for this requester.

For IS Operations Use Only

Career Account \ Network Login Name (UserID):

E-mail Address:

@pnw.edu (must be lowercase)

Outlook display name:

Date created:

Created by:

for Account Privileges Request:

Please route above to the Server Admin Team via ticketing system.

Account:

List of Privileges Granted:

Server Administrator:

Date of Privileges Granted:

Notes:

If you have trouble accessing this document because of a disability, please contact the Customer Service Center at (219) 989-2888.