# Non-Employee Network (LAN) Account Request

## Non Employee Information

Name:_____ _____ _____ Last 4 of SSN: _____ Birth Date: ___/____/_____
             *(First)*       *(M.I.)*       *(Last)*

Department: _____ Campus: ☐CHEC ☐CPC ☐CYC ☐PRC ☐SCC ☐ALL

Personal Email Address: _____ *(Your login information will be sent to this email address)*

### I agree to conform to the following restrictions in the use of the Administrative LAN:

➢ No unauthorized accessing, copying, installing, or uninstalling of district-owned or licensed software.
➢ Usernames, passwords, and other security-related information are not to be shared with others.
➢ District's computer resources will be utilized only for duties required by employment.
➢ Attempts to gain access to the district's computer resources except through assigned, authorized means are strictly forbidden.
➢ Copyrights, terms, and conditions of district-owned or licensed software will be respected.
➢ No software or hardware will be introduced or removed from the LAN without permission.
➢ E-mail communication is not private and may be subject to scrutiny.

**I agree to comply with Collin College's LAN Security Agreement conditions and Acceptable Use of College District Technological and Information Resources Policy available for review at:** http://iws2.collin.edu/techsupport/netsrv.shtml

**Signature:** _____ **Date:** _____

## Management Authorization for Request

Printed/Typed Name: _____ Position: _____

Department: _____ Collin Email Address: _____@collin.edu

I authorize the request for a Non-Employee Network account for the above named individual and accept responsibility for the account as described in the following paragraph:

As the Manager/Supervisor authorizing this request, I understand I am responsible for immediately notifying helpdesk@collin.edu to terminate this account when the account is no longer required or when services for the College are no longer being performed by the above named individual in the capacity as a Non-Employee. I understand the account termination request must be sent via email to helpdesk@collin.edu and include the username and effective date for access termination.

**Signature:** _____ **Date:** _____

## Vice President (or equivalent) Approval

☐ Approved **Typed/Printed Name**: _____

☐ Denied **Position**: _____**(Vice President or equivalent required)**

             **Email address**: _____ @collin.edu

**Signature:** _____ **Date:** _____

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**Submit completed and approved application to Tech Support Help Desk**
- **via inter-campus mail to Tech Support, 417 – CYC or**
- **scan completed form with signatures and send via email to helpdesk@collin.edu** rev 5/20/14