

<b>Information Technology</b>
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<b>System Access and Account Generation Form</b>
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Name (First, Middle, Last)

Phone

Dept#

Title

Department

Internet	CSN	SIS		
Network/Internet	Web Focus	ADS		
E-mail	Focus	Remote-Access (Dial-Up)	Yes	No
EDE	User Directory	Voice Mail	Yes	No
FRS	HRS	Extension		

I

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**(Print Name First, Middle, Last)**

have read and understand that access to computer systems and networks owned or operated by Hampton University imposes certain responsibilities and obligations and are subjected to other university policies, local, state, and federal laws. I understand acceptable use always is ethical, reflects academic honesty, and shows restraint in the consumption of shared resources. I am also held accountable for the use of any ID that I will use or have been assigned. It is my responsibility to protect the integrity of accessible systems and to preserve the confidentiality of accessible information as appropriate. I understand my duties and responsibilities in enforcing the Hampton University's Policy on Confidentiality and Security of the University's Information Systems.

Signature

Date

<b>Information Systems Use only</b>

	<b>Initial Passwords</b>	<b>User ID</b>
Network User Name		
E-Mail Address		
Z-System		
System		
Web Focus		
FOCUS		
CSN		
<b>Domain Names</b>	<b>Email Groups</b>	<b>User Groups</b>

Date Completed

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Completed  
by

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