



Network Account Application

Division of Information Technology
 Carter Hall • (910) 775-4340 • doit@uncp.edu • <http://www.uncp.edu/doit>

Submit the original hard copy to the DoIT main office (Carter Hall) or Help Desk (D.F. Lowry Bldg., Room 110)

Last Name:			
First Name:		Middle Initial:	
Employee Status:	<input type="checkbox"/> Full time <input type="checkbox"/> Contract <input type="checkbox"/> Temp	Termination Date: (If applicable)	
Banner ID Number: If you do not know your number, leave blank.			
Department or Major:			
Address (Student Only):			
Campus/Home Phone:			

CONDITIONS OF THIS REQUEST

This request is for authorization to use computer systems for university-related business ONLY. Responsible and ethical use is mandated in accordance with the policies of the State of North Carolina, the University of North Carolina at Pembroke and the Office of the Division of Information Technology. All federal and state criminal statutes and restrictions also apply.

RESPONSIBILITIES OF USERS

University users are solely responsible for their accounts and should become familiar with policies outlined in UNCP's User Guide. A partial listing of violations include:

- Any communication, which violates applicable laws and regulations, including harassment.
- Messages that are likely to result in loss of recipient's work or systems.
- "Chain letters" or "broadcasting" messages to lists or individuals, which could cause congestion of networks or otherwise interfere with the work of others.
- Any unauthorized use of personal accounts by individuals who are not legitimate owners or by individuals other than faculty, staff or students.
- Game playing.
- Copying or attempting to copy any software or data without authorization.

ACCOUNTS ARE SUBJECT TO THE FOLLOWING REGULATIONS:

- Accounts are disabled if you leave the university or if not used within 180 days.
- Files from disabled accounts are kept for one semester and then deleted.

I understand that failure to comply with any of the regulations or conditions stated above or in the UNCP User Guide will result in loss of privileges and/or legal charges and I agree to abide by these terms.

_____/_____/_____
Signature *Date*

_____/_____/_____
Signature of Chair or Director *Date*

Division of Information Technology Use Only

System _____ Username _____

Authorization _____ Date _____/_____/_____