

Affiliate/Sponsored Network Account Request Form

Collect signatures below and submit to your VP/Director. Once completed, send this form to the Information Technology department through your Computing Coordinator or the IT Help Desk.

ACCOUNT HOLDER

LAST NAME: _____ FIRST _____ M.I. _____

ORGANIZATION: _____

NON-SOU EMAIL: _____

PHONE: _____

SOU ID (OR GENERATED WORKFORCE ID) #: _____

As the account holder, I have read, understand, and agree to abide by the SOU Acceptable Use Policy regarding the account(s) requested.

Account Holder Signature: _____

Date: _____

SPONSORING EMPLOYEE

LAST NAME: _____ FIRST _____ M.I. _____

SOU ID #: _____

JOB TITLE: _____

DEPT: _____ OFFICE #: _____ PHONE: _____

Intended use for Network Account:

IMPORTANT

As the account sponsor, I acknowledge that I am responsible for the actions taken by the sponsored individual on the SOU network and with respect to this account. I have read, understand, and agree to be responsible for the account holder abiding by the SOU Acceptable Use Policy regarding the account(s) requested.

Sponsor Signature: _____

Date: _____

| INTERNAL USE ONLY ROUTING SLIP | |
|-----------------------------------|---------------|
| Ticket Number: | |
| Account Name: | |
| | |
| | |
| Date / Initial | |
| Date Received: | / |
| Network Acct: | / |
| | |
| Notified: | / |
| Spoke to: | Left message: |

ACCOUNT TYPE:

Affiliate

Sponsored

| | |
|---|------------------------|
| <u>Must be completed by VP or Director</u> | |
| Account Duration (Max 1 year): _____ | Expiration Date: _____ |
| Signature of VP or Director: _____ | Date: _____ |
| Name (please print): _____ | Title: _____ |