

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.

By signing this form, you are agreeing to adhere to SOU policies and also to only connect to SOU's network using systems that meet SOU's security standards for operating systems and protection against virus and malware.

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:

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