

Department/Organization Account Request Form

Department/Organization Name: _____

CONTACT PERSON INFORMATION

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Phone number: _____ **Cars ID #:** _____

E-mail Address: _____@_____

In requesting a computer account, I understand that :

1. The computer account is not transferable or sharable. Its usage is to be confined to me. Password is not to be shared with any other individuals. It is my responsibility to change it periodically.
2. The computing facilities of Northeastern Illinois University are intended solely for use by authorized faculty, staff and students in connection with instruction, research and public service activities performed on behalf of this University.
3. These facilities shall not be used for financial gain or any profit-making or commercial activities, for any activity that is illegal under federal or state laws (including, but not limited to participation in chain letters or the unauthorized copying of copyrighted and other proprietary materials), for any activity that would violate the integrity of the system, or for any activity that is obscene or defamatory.
4. The university reserves the right to inspect all information on the network in order to ensure compliance with these policies, applicable laws, and regulations of the Board of Trustees of Northeastern Illinois University.
5. Electronic mail privacy is not guaranteed. Nothing should be written in an e-mail message that would not be put in a paper memo.
6. It is my responsibility to manage my storage space on the network.
7. Only software licensed by the University is to be installed on University equipment.
8. Violation of any of the above conditions may result in revocation of privileges to use NEIU computer facilities.

Signature: _____ **Date:** _____

Department Head Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO TELECOMMUNICATIONS, CLS-0004

Date Received: _____ Date Processed: _____

Login: _____ Processed by: _____