

## Individual Computer Account Request Form

Please be sure to complete **all** appropriate sections of this form and ensure **all** required signatures are obtained.  
**You must present a Photo ID when submitting your form. Incomplete forms will not be processed.**  
For assistance in completing this form contact IT Central, Social Science Room 120 or 243-HELP (x4357).

### Step 1. Applicant Information—Please Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

University ID: 790 Campus Phone: \_\_\_\_\_

Campus E-mail Address (if available): \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Status:  Staff  Faculty  Affiliate  Retired  Student Employee  Other: \_\_\_\_\_

Are you visiting faculty or temporary staff?  Yes  No If yes – termination date: \_\_\_\_\_

### Step 2. Requested Action

- Create a New Account Complete **Step 3** and signature page on back side of form.  
 Modify an Existing Account Complete **Step 4** and signature page on back side of form.  
 Deactivate an Existing Account Complete **Step 5** and signature page on back side of form.

### Step 3. Create a New Account—Please indicate the desired account type below

- Active Directory account (UM/umt.edu domain)  MS Exchange e-mail account (@mso.umt.edu)  
 Other action \_\_\_\_\_

Please list additional information about this request: \_\_\_\_\_

### Step 4. Modify an Existing Account—Please indicate the type of modification below

Name of Account to Modify: \_\_\_\_\_

Account Type:  UM Domain  MSO Change Personal Information:  Name  Account Name

Please explain what kind of modification you need and why: \_\_\_\_\_

### Step 5. Deactivate a Computer Account—Please indicate the type of deactivation below

Name of account to deactivate: \_\_\_\_\_

Account Type:  UM Domain  MSO  Mail1 Type:  Disable  Remove

Please explain why this account needs to be deactivated: \_\_\_\_\_

**Signature Page on Back →**

**Step 6. Signatures and Approvals**

Your signature indicates that you have read and agree to abide by all of The University of Montana acceptable use policies located on <http://mus.edu/borpol/bor1300/bor1300.asp>

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Department Head: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Signature

**Extra signatures required for faculty affiliates/others**

Sponsor: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Signature

ITO Director:: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Signature

**SPECIAL - Fill out this section only if you completing this form on behalf of someone else.**

Preparer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Please take this form to IT Central, Social Science Room 120. Phone: 243-HELP (4357).  
You must present a **Photo ID** when submitting your form. Incomplete forms will not be processed.  
Please be sure to verify that all information provided is correct.

**THIS SECTION FOR IT USE ONLY**

**New Accounts**

Delivered by: \_\_\_\_\_ Date: \_\_\_\_\_  
(If not requestor) Printed Name UM ID

Photo ID/ Signature Checked By: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Signature

Account Name: \_\_\_\_\_ Created By: \_\_\_\_\_ Date: \_\_\_\_\_  
Initials

User Notified By: \_\_\_\_\_ / \_\_\_\_\_  Verbal  Written  
Printed Name/Signature

**Account Modifications/Deactivations**

Account Name: \_\_\_\_\_

Requested Action Completed By: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name/Signature

Requester Notified By: \_\_\_\_\_ / \_\_\_\_\_  Verbal  Written  
Printed Name/Signature