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 NetID: ___________ 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 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: ___________________________ Printed Name ___________________________ UM ID ___________________________

(If not requestor) ___________________________ Date: __________

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