

RIT Finance & Administration

COMPUTER ACCOUNT REQUEST

Section I – Required Information (Please Print)

Name: _____
(First) (MI) (Last)

Employee Number: _____ RIT Email Address: _____

RIT Address: _____ Phone: _____
(Building/Room)

Department: _____

Job Title: _____

Challenge/Response Question: _____

Challenge/Response Answer: _____

Section II – Action Requested

- Addition (Permanent Full Time)
- Addition (Temporary Full Time)
- Addition (Student)

Termination Date for Temp or Student (If applicable): ____/____/____

Deletion

Special Instructions: _____

Name Change
From Name: _____ To Name: _____

Section III – Authorization

I will comply with the policies of Rochester Institute of Technology and Information Systems & Computing as they apply to the use and billing of computing services. This includes the Code of Conduct for the Use of FAST's Facilities and Services. I understand the internal accounts should not be used for any commercial or funded activities including consulting or funded research.

Print Requestor's Name Requester's Signature Date

I approve the assignment of computing resources to this requester:

Print Department Head's Name Department Head's Signature Date

Send completed form to FAST Technical Support, Building 30 Room A-106 or by fax to 475-3870

Section IV – Official Use Only (Do not write below this line)

I approve the completion of this form and will submit for processing:

Print FAST Administrator's Name FAST Administrator's Signature Date

Username: _____
Date Processed: _____
Processed By: _____