

**THE CENTER FOR PLANNING AND INFORMATION TECHNOLOGY**  
**REQUEST FOR CUA NETWORK USER ACCOUNT CREATION**

**Information about User Account Being Requested**

**Type of Account**  
(check one)

Consultant/Temp

Visiting Scholar

Vendor

Visiting Student

**Name:** \_\_\_\_\_  
Last First M.I.

**Organization:** \_\_\_\_\_

**Date to Activate:** \_\_\_\_\_ **Date to Expire:** \_\_\_\_\_

**Reason for Account:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information about CUA Faculty/Staff Administrator Requesting this Account**

**Name:** \_\_\_\_\_  
Last First M.I.

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **@cua.edu** **Campus Phone Ext:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By using the account, the person for whom this computer user account is being requested agrees to abide by the CUA "Information Technology Computer Ethics" policy found on web site policies.cua.edu. If the person does not agree, he or she should not use the account. By signing this document, you agree that you have notified the person of this fact. The person must appear in person at the CPIT Information Center 200 Leahy Hall with government-issued photo identification to pick up a password sheet for this account.

**For CPIT Use Only**

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Created / Modified:** \_\_\_\_\_ **Date Password Issued:** \_\_\_\_\_

# THE CENTER FOR PLANNING AND INFORMATION TECHNOLOGY

## REQUEST FOR CUA NETWORK USER ACCOUNT CREATION FORM INSTRUCTIONS

CUA Network User accounts are created automatically for CUA students, faculty and staff. This form is used to request that an account be created for a person who is not a student or employee of the university. This page contains instructions for filling out each item on the form.

### Completing Information about User Account Being Requested

**Type of Account.** A “consultant/temp” is a person paid through Accounts Payable to perform work for the university. A “vendor” is a person employed by an organization that is under contract with the university to provide services, e.g., dining services staff, health center staff. A “visiting scholar” is a person not being paid by the university who is doing research at the university. A “visiting student” is a full-time student at another institution who is using university facilities.

**Name.** The full name of the person needing a Network User account. *Please print legibly!!*

**Organization.** The person’s organization. For a “consultant/temp” or “vendor,” this should be the company for whom the person works, e.g., “Tom’s Consulting Services,” “Temporaries, Inc.,” “University Dining Food, Ltd.” For a “visiting scholar,” this should be the person’s home university or the project with which he or she is affiliated. For a “visiting student,” this should be the person’s full-time school.

**Date to Activate.** Date the account is needed. Use mm/dd/yyyy format.

**Date to Expire.** Date account should expire. Use mm/dd/yyyy format. This date cannot be later than the next August 31<sup>st</sup>. If a later date is specified, it will be changed to Aug 31. Accounts for non-university people must be re-requested annually, at the end of August.

**Reason for Account.** Provide a brief reason why this person needs access to CUA’s network and computing resources.

### Completing Information about CUA Faculty/Staff Administrator Requesting this Account

**Name.** The name of the CUA department head (Vice President, Dean, Chair, Director) requesting this account. In the case of a “vendor” account, this may be the name of the authorized vendor representative.

**Title:** Title of the person requesting the account.

**Department.** Department of the person requesting the account.

**E-mail Address.** CUA E-mail address of the CUA employee requesting the account. A notice that the account is ready will be sent to this address.

**Campus Phone Ext.** Campus phone number of the CUA employee requesting the account. CPIT will call this number if there are any questions about the information provided on the form.

**Signature:** Signature of the CUA employee requesting the account. Note requirements in the paragraph immediately following signature line. The person requesting the account must inform the person getting the account of the requirement to abide by the university’s “Computing Ethics” policy.

**Date:** Date the form was signed.

### Returning the Form

To submit this form, bring it in person to the CPIT Information Center at 200 Leahy Hall, or fax the other side only to CPIT at (202) 319-6690. Be sure that the form is signed. Allow a minimum of two full business days for processing.

If you have any questions about this form, please call the CPIT Information Center M-F 8a-9p at (202) 319-4357 (-HELP).