



OIT Guest Account Request Form

Office of Information Technology


For clarification, view color-coded guide attachment below.

Work Order #:
Date Requested:
Date Required:
Requested By:
Guest off-campus e-mail/phone number:
Guest Company:
Guest Account Name:
VPN Access Y/N: _____ Network Folder Access Y/N: _____ Printer Access Y/N: _____
Access to start:
Access to end:
Comments:
Attachments:
Director Requesting Account: _____ (Print) (Signature) (Date)
Customer (Requestor): _____ (Print) (Signature) (Date)
Request Denied/Reason:
Proper signatures collected:
Director of Network Services: _____ (Print) (Signature) (Date)
Systems Administrator: _____ (Print) (Signature) (Date)
Email Notifications Sent (<i>Please refer to OIT Communications Policy</i>) <input type="checkbox"/> Customer Sent to: <input type="checkbox"/> Director of Network Services Sent to: <input type="checkbox"/> System Administrator Sent to:
Sign off on removal of account to be executed on "Access to end: date"
OIT Staff Member: _____ (Print) (Signature) (Date)

 Items for REQUESTOR to fill out before event for request to be processed

 Items for OIT to fill out before event for request to be processed

 Items for REQUESTOR to fill out after event

 Items for OIT to fill out after event

Date Requested:
Date Required:
Requested By:
Guest off-campus e-mail/phone number:
Guest Company:
Guest Account Name:
VPN Access Y/N: _____ Network Folder Access Y/N: _____
Access to start:
Access to end:
Comments:
Attachments:
Director Requesting Account: _____ (Print) _____ (Signature) _____ (Date)
Customer (Requestor): _____ (Print) _____ (Signature) _____ (Date)
Request Denied/Reason:
Proper signatures collected:
Director of Network Services: _____ (Print) _____ (Signature) _____ (Date)
Systems Administrator: _____ (Print) _____ (Signature) _____ (Date)
Email Notifications Sent (<i>Please refer to OIT Communications Policy</i>)
<input type="checkbox"/> Customer Sent to:
<input type="checkbox"/> Director of Network Services Sent to:
<input type="checkbox"/> System Administrator Sent to:
Sign off on removal of account to be executed on "Access to end: date"
Director Requesting Account: _____ (Print) _____ (Signature) _____ (Date)
Director of Network Services: _____ (Print) _____ (Signature) _____ (Date)
Systems Administrator: _____ (Print) _____ (Signature) _____ (Date)
Customer (Requestor): _____ (Print) _____ (Signature) _____ (Date)