UALR Computing Services

Networks and Systems Access Request

User Information

Full Name _____ (First, middle, and last name)

ID Number _____ (UALR ID or SSN; if none, use date of birth)

Organizational Unit _____

Position Type _____ (Employee/Student/Other)

Address _____

Phone _____

Request

Date Requested _____

Expiration Date _____

I request access to the following UALR systems (check all that apply)

- ☐ Email
- ☐ FACSTAFF domain
- ☐ STUDENTS domain
- ☐ Wireless network
- ☐ Residence Hall network
- ☐ Other

Other

Return the completed form to Computing Services (SUB 205). Incomplete forms will delay the account creation process. Please call (501) 569-8720 for assistance.

I certify that I have been advised of the **UALR Acceptable Use Policy** located online at *http://ualr.edu/computingservices/* and I agree to abide by the terms and conditions set forth therein. I understand that I have no expectation of privacy when using any UALR system.

_____ User Signature

_____ Date

_____ Department Head Signature

_____ Date

_____ Dean (or equivalent) Signature

_____ Date

Administrative Use Only

AD or CIO Signature _____

Date _____

Ticket # _____

Processed by _____

Username _____

Notified by _____

Date _____