

UALR Organization/ Department Web Site Request Form

Required Information

Requestor Name: _____ Phone: _____

Office Address: _____ Other Web Accounts: _____

Expiration Date: _____ Organization Number: _____

Requested Address: _____

I certify that the above information is correct and that the account will be used for authorized University related purposes only. I agree to comply with the Acceptable Use Policy on use of the computer systems and the policy for Web Sites.

Requestor Signature: _____ Date: ____/____/____

I certify that I have authorized the above Web Site and will notify Computing Services when this department/program no longer needs this Web Site or when the authorized personnel change.

Department Head name: _____

Department Head Signature: _____ Date: ____/____/____

Dean (or Equivalent): _____ Date: ____/____/____

Authorized Personnel

	First Name	Last Name	User Name	Authorization Expiration Date
1				
2				
3				

The people listed above will be granted access to the folder created for this web site. They will log into the folder using their Facstaff domain account. If they do not have a Facstaff account, they should apply for one immediately following the established systems access policy. Generally expiration dates are 6 (six) months for non-full time personnel. The department head will be listed as the person with the ultimate responsibility for this Web site. This person will be responsible for maintaining the list of those authorized to access the folder containing the department/organization pages.

UALR Computer Access Request Form

Assoc. Director CS: _____ Date: _____

Address: _____

Assigned by: _____ Date: _____

Assigned to: _____ Heat Ticket Number: _____