UALR
INFORMATION TECHNOLOGY SERVICES

Network and System Access

User Information

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

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

Mailing Address _____

Organizational Unit _____

Phone _____

Position Type _____
(Employee/Student/Other)

Request

Date Requested _____

Expiration Date _____
(No more than 1 year from request date)

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

☐ Email
☐ FACSTAFF domain
☐ STUDENTS domain
☐ Wireless network
☐ Residence Hall network
☐ Other (describe below):

Return the completed form to the IT Services Assistance Center (SUA 105). Incomplete forms will delay the account creation process. Please call 501.916.3011 for assistance.

I certify that I have been advised of the **UALR Acceptable Use Policy** located online at *http://ualr.edu/itservices/* 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   UALR ID   Date

_____   _____
Dean (or equivalent) Signature   UALR ID   Date