

**UNT Health Science Center at Fort Worth
Information Resources & Technology
Wireless Access Account Request Form**

Visitor's Company _____

Full Name of Visitor _____

Phone Number of Visitor _____

Email address of Visitor _____

Requestor's Last Name _____

Requestor's First Name _____

Department _____ Rm# _____

Job Title _____ Ext. _____ Fax # _____

Purpose of this Account _____

Expiration Date Requested _____

THE FOLLOWING ARE VIOLATIONS OF UNT HEALTH SCIENCE CENTER POLICIES WHICH MAY RESULT IN LOSS OF COMPUTING SERVICES AS WELL AS OTHER DISCIPLINARY ACTION.

- ❖ Unauthorized user or sharing of user identification, passwords, files, and application programs.
- ❖ Unauthorized duplication of copyrighted computer software.
- ❖ Use of computing facilities, including all forms of electronic communications, for commercial purposes or non-UNT Health Science Center related activities.
- ❖ Displaying sexually explicit, pornographic or graphically disturbing material on a computer screen in a non-educational setting, or other information prohibited by institutional policy.

I hereby certify that I have read the Acceptable Use Statement above and I also certify that the computing services obtained through this request form will be in accordance with this acceptable use statement, as well as all applicable UNT health science center policies (these policies are available in the library and on the UNTHSC web server at <http://unthsc.edu> under policies.) I understand that unauthorized and/or improper use of UNT Health Science Center computing services can result in the loss of computing services as well as further disciplinary actions. I further certify that I have received materials or instruction on network and computer security.

USER _____ **DATE** _____

You must sign for the account. By signing, you agree to the terms of the Acceptable Use Statement and certify that you have been instructed in computer security.

You must have your department head sign for your account.

FACULTY/DEPT.HEAD _____ **DATE** _____

When you have completed this form, return, mail or fax (817-735-0266) to the Information Resources & Technology Help Desk, LIB-205. (ext. 2192). You will receive your account information by phone.

FOR HELP DESK USE ONLY:

APPROVAL SIGNATURE _____ DATE _____

ACCOUNT ID _____

CONTEXT _____