

User Registration Form
Network and Systems Operation
Please return this form to Maher Hall, room #170
Telephone: 619-260-4726 / Fax: 4235

Section One: Registration Section – For all requests (please print)

Name: _____ Phone: _____ *Temp Emp?: YES or NO End Date:* _____
 (Ex: Workstudy, Casual Worker, Intern, etc.)

Dept: _____ Building/Room: _____ **E-mail Address:** _____
This information on this form is true and complete to the best of my knowledge. I have received a copy of the Usage Guidelines & Policies.

User Signature: _____ USD ID #: _____ Date: _____

Two Authorizing Signatures are required for the following:

<u>Access</u>	<u>Immediate Supervisor</u>	<u>Authorizing Department</u>
(Please Circle Desired Services) Accounting / Bursar (Access to Specific screen requires Separate approval by Bursar) (Legacy)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Financial Accounting Manager/Bursar
Registrar / Advising (Access to specific screens requires Separate approval by the Registrar) (Legacy)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: USD Registrar
Continuing Education (Legacy)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Director of Continuing Education
Financial Aid (Legacy)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Director of Undergraduate Financial Aid

Two Authorizing Signatures are required for the following:

<u>Access</u>	<u>Immediate Supervisor</u>	<u>Authorizing Department</u>
Advance Fax to Diane Gronholt (X7728)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Director, Development. UR
Solis (Law Database) (Legacy)	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Dean, Law School
Network, VPN, Calendar Manager, Other _____	Signature: _____ Print Name: _____ Title: _____	Signature: _____ Print Name: _____ Title: Supervisor

Section Two:

- 1. If you are replacing someone, name the person you are replacing/same as: _____**
- 2. Do you have an existing account of any of the USD computer systems? Account name: _____**
- 3. I will be using a PC/Terminal, located at _____ (include model, building & room number)**

Remarks: Operations Use only

Username: _____

UIC _____

Identifiers :