

Individual Computer Account Request Form

Please be sure to complete **all** appropriate sections of this form and ensure **all** required signatures are obtained.
You must present a Photo ID when submitting your form. Incomplete forms will not be processed.
For assistance in completing this form contact IT Central, Social Science Room 120 or 243-HELP (x4357).

Step 1. Applicant Information—Please Print Clearly

Last Name: _____ First Name: _____ MI: _____

University ID: 790 Campus Phone: _____

Campus E-mail Address (if available): _____

Department: _____ Position: _____

Status: Staff Faculty Affiliate Retired Student Employee Other: _____

Are you visiting faculty or temporary staff? Yes No If yes – termination date: _____

Step 2. Requested Action

- Create a New Account Complete **Step 3** and signature page on back side of form.
- Modify an Existing Account Complete **Step 4** and signature page on back side of form.
- Deactivate an Existing Account Complete **Step 5** and signature page on back side of form.

Step 3. Create a New Account—Please indicate the desired account type below

- Active Directory account (UM/umt.edu domain) MS Exchange e-mail account (@mso.umt.edu)
- Other action _____

Please list additional information about this request: _____

Step 4. Modify an Existing Account—Please indicate the type of modification below

Name of Account to Modify: _____

Account Type: UM Domain MSO Change Personal Information: Name Account Name

Please explain what kind of modification you need and why: _____

Step 5. Deactivate a Computer Account—Please indicate the type of deactivation below

Name of account to deactivate: _____

Account Type: UM Domain MSO Mail1 Type: Disable Remove

Please explain why this account needs to be deactivated: _____

Signature Page on Back →

Step 6. Signatures and Approvals

Your signature indicates that you have read and agree to abide by all of The University of Montana acceptable use policies located on <http://mus.edu/borpol/bor1300/bor1300.asp>

Applicant: _____ Date: _____
Signature

Department Head: _____ Date: _____
Printed Name/Signature

Extra signatures required for faculty affiliates/others

Sponsor: _____ Date: _____
Printed Name/Signature

ITO Director:: _____ Date: _____
Printed Name/Signature

SPECIAL - Fill out this section only if you completing this form on behalf of someone else.

Preparer's Name: _____ Date: _____

Preparer's Signature: _____ Date: _____

Preparer's E-mail: _____ Phone: _____

Please take this form to IT Central, Social Science Room 120. Phone: 243-HELP (4357).
You must present a **Photo ID** when submitting your form. Incomplete forms will not be processed.
Please be sure to verify that all information provided is correct.

THIS SECTION FOR IT USE ONLY

New Accounts

Photo ID/ Signature Checked By: _____ Date: _____
Printed Name/Signature

Account Name: _____ Created By: _____ Date: _____
Initials

User Notified By: _____ Verbal Written
Printed Name/Signature

Account Modifications/Deactivations

Account Name: _____

Requested Action Completed By: _____ Date: _____
Printed Name/Signature

Requester Notified By: _____ Verbal Written
Printed Name/Signature