

ACADEMIC UNIX / LINUX ACCOUNT ACCESS FORM

The following form must be completed and signed by faculty / staff members to maintain academics related web content.

Date: _____ D.O.B.*: _____ Last 4 of SS# or Empl ID*: _____

First Name*: _____ Last Name*: _____

Department Name*: _____ Dept. Mgr. Name*: _____

Room Number: _____ Phone Number: _____

Full-time Staff Part-time Staff Student-worker

Full-time Faculty Adjunct Faculty

COMPUTER ACCOUNTS

The following account will be issued: Academic Unix/Linux:

APPLICANT SIGNATURE

I have read the attached policy statements (**PS 08.A.04 and PS 08.A.05 and UHD Password Procedures**) and I agree to abide by them. I further agree that I will not disclose personal or confidential information obtained through the use of University of Houston-Downtown computer account(s).

By signing this form, I understand that by virtue of employment with the University of Houston-Downtown, I may have access to records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA).

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates policy of the University and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Applicant's Signature: _____ **Date:** _____

This form must be completed and submitted to Information Technology office at South – 700.

For IT Use: Date Received: _____ Call #: _____