Account Request Form

Please print

Date: ___________________ SMC ID (if known): ___________________

Name: ____________________ ____________________ ____________________

Last Name First Name Middle Initial

Status: ☐ Faculty
☐ Staff ☐ Full-time ☐ Part-time ☐ Temp/Coach

Department: ________________________________________________________________

Office: ________________________________________________________________

Phone: ________________________________________________________________

Comments:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Saint Mary's College Computer Usage Policy:

I have read and agree to abide by all elements of the Saint Mary's College Computer Usage Policy (http://www.saintmarys.edu/it/policies.html). I understand if I, through my computer account, or personal actions violate this policy, Saint Mary's College retains the right to deny computer and/or network access privileges, and that if warranted, additional disciplinary action will be taken by the college, including prosecution under applicable local, state and federal laws.

Signature: ___________________________ Date: ___________________________

Please return to:
Information Technology, 134 Haggar Campus Center

Revised July 2006