



Info Tech *at Saint Mary's College*

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: _____