

SYSTEM ACCESS FORM FOR NON-INTERNAL OR CONTRACT EMPLOYEES
Start Date
End Date
Applicant Info
Case #

(Preferred) First Name:

Last Name:

Home Address:

Home Phone:

Home email address:

Job Title:

Department:

Room/Workstation Number

Phone required:

Services Required (put a check mark in fields required):

Required:	Yes	More Info:	Username:	Password:
E-mail Account	<input type="checkbox"/>			
Other:	<input type="checkbox"/>			
Other:	<input type="checkbox"/>			
Other:	<input type="checkbox"/>			

Add to mail alias: (Please specify)

Authorization

By signing this document, I, the applicant, hereby state that I have completely read and understood the Information Technology Services policies, and will abide by them.

<http://ous.athabascau.ca/policy/computingservices.php>
Applicant's Signature:
Date:
Department Approval Signed by:
Please Print Name:
Date:
Comments:

The personal information collected on this form will be used for the purpose of processing your request for Athabasca University system access. The collection of this personal information is necessary for operating and administering the services of Information Technology Services and will be protected under the privacy provisions of the Alberta Freedom and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Director, IT Operations, Information Technology Services, Athabasca University, 1 University Drive, Athabasca AB Canada T9S 3A3 Telephone (780) 675-6711