



The University of New Mexico Valencia Campus

Network Access / Wireless Access Request

User and Supervisor Complete Shaded Areas

Valencia Campus Network Resource Request

Please fill out this form with your supervisor. Your Supervisor will be notified when your account is ready with your username and password. Please work with your supervisor if you do not know how.

*Name (print): _____

Job Title: _____

Faculty Staff Work-study/Student Employee Student

*UNM E-Mail Address: _____

*Telephone: _____

Department: _____

Name of Supervisor/Chair: _____

*UNM E-Mail Address of Supervisor: _____

*Telephone of Supervisor/Chair: _____

Server Resources Access Needed (applications, workgroups, department folders, etc.):

Business Office Approval: _____

Network Home Folder Needed:

Grant Funded Position: End of Funding Date: _____

Work hours Outside of Monday - Saturday 6:30am to 9pm.

Notes:

*Required Fields

CssUserForm 013004 (Rev060915)

User Responsibility Agreement

I have read, understand, and will abide by the Family Educational Rights and Privacy Act of 1974 (FERPA) <http://registrar.unm.edu/privacy-rights/ferpa.html> Initials _____

I have read, understand, and will abide by the University of New Mexico Registrars Confidentiality information on Student Records Policy <http://registrar.unm.edu/privacy-rights/confidentiality.html> Initials _____

I have read, understand, and will abide by the University of New Mexico UBP 2500 <https://policy.unm.edu/university-policies/2000/2500.html> Initials _____

I have read, understand, and will abide by the Valencia Campus Information Security Policy <http://vchelp.unm.edu/ValSecPol.htm> Initials _____

I hereby request an account for access to UNMVC networks. I certify that I will comply with FERPA, the UNM Student Records Policy and the UNMVC Information Security Policy. Furthermore, I understand that access to University data is strictly for accomplishing my administrative and business tasks and that I am responsible for any inappropriate use of these data. I further understand that the access ID and password are for my use only and I agree to maintain the confidentiality of and to secure the access ID and password from unauthorized use. Any Incident, or suspicion, that the confidentiality of my user id/password is in question shall be reported to UNMVC Computer Support Services immediately. By signing this form I agree to abide by University policies in the use of my access privilege.

Signature: _____ Date: _____

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Wireless Access Responsibility Agreement

I have read, understand, and will abide by the University of New Mexico UBP 2500
Acceptable Computer Use Initials _____

<https://policy.unm.edu/university-policies/2000/2500.html>

I have read, understand, and will abide by the University of New Mexico UBP 2510
Computer Use Guidelines Initials _____

<https://policy.unm.edu/university-policies/2000/2510.html>

I have read, understand, and will abide by the University of New Mexico UBP 2520
Computer Security Controls and Guidelines Initials _____

<https://policy.unm.edu/university-policies/2000/2520.html>

I certify that I will comply with the UNM Business Policies and Procedures.
Furthermore, I understand that my computer must be kept up to date with the current
security patches and critical updates for my operating system. My computer system
must be using up to date anti virus software and latest virus definition files installed. I
further understand that the access ID and password are for my own use only and I
agree to maintain the confidentiality of and to secure the access ID and password
from unauthorized use. Any incident or suspicion that the confidentiality of the user
id/password is in question shall be reported to UNMVC CSS immediately. By
signing this form I agree to abide by University policies in the use of my access
privilege.

Signature: _____ Date: _____

Wireless Access Information <http://vchelp.unm.edu/wireless.html>

Supervisor Approval

I certify that the tasks and the uses of the data as described are consistent with the responsibilities of
this individual. Furthermore, the employee understands that he/she must utilize the authorized
data access for his/her tasks and that any inappropriate use of these data will constitute a violation
of policy and access privileges may be revoked. Furthermore I will inform CSS (Computer Support
Services) of any changes in job responsibilities or a change in employment.

Supervisor Signature: _____ Date: _____

Department: _____

Associate Director of Business and Finance:

Access Approved _____ Access Denied _____

Signature: _____ Date: _____

Computer Support Services Notes:

Initials: _____ Date: _____