How this form is used: To request or modify a University IT system account.

Instructions:
1. Applicant Information: Please fill in Name, Title, Email Address, Telephone Number, Company Name, Company Location, Supervisor Name, Supervisor Telephone Number, Duration of Access Start and End Date and fill in detailed Reason for Access.

2. Accounts Requested: Check type of account and request (new, or modify).
   a. Email: The standard username format for email accounts is the first initial of first name and full last name. If an account already exists with this format, then first initial of first name + middle initial + full last name will be used.
   b. VSU Network: Active Directory network accounts are required to log on to University computers and access University systems.
   c. VPN: for remote access to University resources.
   d. Other: List any other accounts that applicant needs access to.

3. Authorization: Appropriate signatures are required to process the form to include the Applicant’s signature, the VSU Department Manager’s signature, and the System Owner’s signature.

4. Additional Requirements: Non-VSU Personnel requesting Vendor IT accounts are required to complete the VSU IT Security Awareness Training and the Vendor’s Human Resources department must submit documentation indicating the applicant has completed a successful background investigation.

5. Route completed (fully authorized) form to VSU Technology Services – IT Account Services, Box 9090, or fax to 804-524-5228. Form can also be hand-delivered to Room B30, Johnston Memorial Library. If forms are not fully completed and authorized, this will delay processing of your IT accounts.