

## Computer Account Request Form

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Please complete the entire form below in order to be issued a Guest University Computer Account. All information provided will be held in strictest confidence and will not be shared with any third party. Accounts will expire on May 31<sup>st</sup> each year unless otherwise noted below.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Gender:** M  F  **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Will a Campus ID Card be needed:** Yes  No

**Indicate access needed:**

**Network/Email**  **MySJU**

**Blackboard**  **Library Databases**

**Other:** \_\_\_\_\_

**Why is access needed?** \_\_\_\_\_

**Length of time access is needed (maximum one year):** \_\_\_\_\_

**University Supervisor/Sponsor Information**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Supervisor/Sponsor Signature** \_\_\_\_\_

Please return completed form to IT Operations Barbelin 25  
Or fax form to 610-660-1761

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**For office use only:**

**Approved by:** \_\_\_\_\_

Revised: February 12, 2008