Ticket#:_____

Dalton State College User Account Request Form

_____ _____ _____ _____

First Middle Last Title / Suffix

Date of Birth (MM/DD/YYYY): ____/ ____/ __ __ ____

Office Building Location: _____ Room #: _____ Phone Ext: _____

Department: _____ Title/Position: _____

Former DSC email: _____ Former DSC 9000 ID#: _____

* **CIRCLE ONE:** full-time / part-time * **CIRCLE ONE:** faculty / staff / student worker

* **INDICATE WHICH ACCOUNTS YOU ARE REQUESTING:**

- ☐ myDaltonState (aka: Email)
- ☐ Novell Network (personal & departmental drive storage)
- ☐ Fortis (imaging) *(**Attach Fortis Request Form**)
- ☐ Intern
- ☐ Volunteer
- ☐ INB Banner * (**Attach INB Banner Request Form**)

(**NOT FOR** ENTERING GRADES / ADVISING - OR - REGISTERING STUDENTS...typically used by Enrollment, Financial Aid, Fiscal Affairs & administrative assistants**)**.

Special Request:

☐ Need Email login information prior to account completion
☐ Send user account information to:_____
☐ Other: _____
_____
_____
_____

I hereby state that I am a member of the Dalton State College faculty, staff or student worker, and that I will follow all the Dalton State College policies and procedures governing the use of Dalton State and University System computer resources and facilities. Please refer to the DSC Computer and Network Usage Policy. I agree that my use of any email account provided by Dalton State College shall be in accordance with all applicable laws, regulations, and policies, including but not limited to the Georgia Computer Systems Protection Act, O.C.G.A. Sections 16-9-90 et seq.

I understand that I will be assigned a username and password for my use only and that I will not cause them to be known or used by another person or persons. I recognize that access to any university resource is a privilege granted to me by Dalton State, and I understand that I am solely responsible for the security of the assigned username and password. I will notify OCIS at 272-2611 in the event that this security may have been compromised. I also understand that periodic audits of my activities on any such resource may be made by the systems administrator.

Users signature: _____ Date: _____

*Authorizing Signature: _____ Date: _____

Account information will be sent via inter-office mail within 1 week

You may fax completed request form to: 706-272-2620
OR send in a sealed envelope to: OCIS, Memorial 103
Revised 07/31/14