Active Directory Computer Account Change Form

By requesting this change, you are requesting IT alter the user’s account or access to the resources noted below. All account requests will be handled within 24 hours of the initial request.

First and Last Name: ______________________ Request Date: _________________
Account Name: 
Non-Departmental Email: ______________________
Account Classification: (Please Circle One)
Faculty Staff Student Post-Doc Other:__________________

Account Maintenance – Please Circle Requested Service.
Account Update Access to Shared Folder Rights/Permission Change

Requested Change:

Reason for Request:

_____ By policy, it is prohibited to use any of the facility’s resources in any manner that violates the US Export Administration Regulations (EAR) or the International Trafficking in Arms Regulations (ITAR).

_____ By Policy, electronic health information that is protected under the federal Health Insurance Portability and Accountability Act (HIPAA) will not be used. If HIPAA data is to be used, please contact support@stat.tamu.edu for further assistance.

_____ By policy, confidential student records are protected under the Family Educational Rights and Privacy Act (FERPA) and will be securely encrypted. Please contact support@stat.tamu.edu for further assistance.

Account holder signature:

__________________________  __________________________  ___________
Name                     Signature                      Date

By signing above you acknowledge that you will abide by the computer policies that govern the use of computers in the Dept. of Statistics at Texas A&M University. You can find the policies here: http://www.stat.tamu.edu/policy.

Authorizing signature for account change/termination:

__________________________  __________________________  ___________
Name                     Signature                      Date