



# ADMINISTRATIVE ACCOUNT APPLICATION

## University Computing & Information Services

Oxendine Science Bldg. • Room 120 • (910) 521-6260 • www.uncp.edu/ucis

After reading this user agreement, please print the requested information and sign below.

|  |   |   |
|--|---|---|
| <b>Action Requested:</b>                             | <b>Add</b> _____<br>(Check if desired)  | <b>Change</b> _____<br>(Check if desired) |
| <b>System Requested:</b><br>(Only 1 system per form) | <b>ADS</b> ____ <b>FRS</b> ____ <b>PDS</b> ____ <b>SIS</b> ____ <b>Other</b> ____<br>Check which system is desired. Use separate sheets for each additional system. |   |
| <b>Main Menu Access (1-17):</b>                      |   |   |
| <b>Screen Access List:</b>                           | <i>Indicate an A or I before each screen number. (For example, A0001)</i>   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| <b>Last Name:</b>                                    |   |   |
| <b>First Name:</b>                                   |   |   |
| <b>Middle Initial:</b>                               |   |   |
| <b>Department:</b>                                   |   |   |
| <b>Campus Phone:</b>                                 |   |   |

**CONDITIONS OF THIS REQUEST**

This request is for authorization to use computer systems for **university-related business ONLY**. Responsible and ethical use is mandated in accordance with the policies of the State of North Carolina, the University of North Carolina at Pembroke and the Office of University Computing and Information Services. All federal and state criminal statutes and restrictions also apply.

**RESPONSIBILITIES OF USERS**

Data files contain information which should not be released to others, for ethical and legal reasons. All information is protected under the Family Education Rights and Privacy Act of 1974 (FERPA). Information is prohibited from being released to third parties except as authorized by FERPA.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Data Coordinator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**UNIVERSITY COMPUTING USE ONLY**

System \_\_\_\_\_ Username \_\_\_\_\_

Authorization \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_