



Network Account Application

Division of Information Technology

Oxendine Science Building • Room 1300 • (910) 521-6260 • www.uncp.edu/doit

Please Print Legibly:

Last Name:	
First Name:	
Middle Initial:	
Banner ID Number: If you do not know your banner ID number, leave blank	
Department:	
Campus/Home Phone:	
Account information is to be sent to: (check one)	<input type="checkbox"/> Held at DoIT for pickup:
	<input type="checkbox"/> Sent via campus mail to Department
	<input type="checkbox"/> Mailed to (provide address)

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 Division of Information Technology. All federal and state criminal statutes and restrictions also apply.

RESPONSIBILITIES OF USERS

University users are solely responsible for their accounts and should become familiar with policies outlined in UNCP's User Guide. A partial listing of violations include:

- Any communication which violates applicable laws and regulations, including harassment.
- Messages that are likely to result in loss of recipient's work or systems.
- "Chain letters" or "broadcasting" messages to lists or individuals, which could cause congestion of networks or otherwise interfere with the work of others.
- Any unauthorized use of personal accounts by individuals who are not legitimate owners or by individuals other than faculty, staff or students.
- Game playing.
- Copying or attempting to copy any software or data without authorization.

ACCOUNTS ARE SUBJECT TO THE FOLLOWING REGULATIONS:

- Accounts are disabled if you leave the university or if not used within 180 days.
- Files from disabled accounts are kept for one semester and then deleted.

I understand that failure to comply with any of the regulations or conditions stated above or in the UNCP User Guide will result in loss of privileges and/or legal charges and I agree to abide by these terms.

_____/_____/_____
Signature *Date*

_____/_____/_____
Supervisor signature *Date*

Information Technology Use Only

System _____ Username _____ Email-Address _____

Authorization _____ Date _____/_____/_____