

Academic Computing Services, CCCCD

Network (LAN) Account Application

Date:					
Circle one:	Full-time Faculty	/ Ass	Associate Faculty		
	Full-time Staff	Par	t-time Staff		
	Student Assista	nt Ter	mporary		
Name:	(Please print name legibly)				
Department:					
Phone #:	Room #:				
Campus:	CYC	scc	PRC		
	CPC	ALLEN	ROCKWALL		
* Supervisor's Signature: (* Signature must be on form before the LAN account can be created)					

FOR HR USE ONLY Created by: _____ Date of completion: __/ __/ __ Check for existing LAN account: YES NO GroupWise Account created: YES NO Created on: CYC-A01 CPC-A01 SCC-A01 PRC-A01 ALL-A01 ROC-A01 STAFF ASSOCIATE FACULTY Container: New LAN Account notice sent: YES NO

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¹Academic Computing Services, CCCCD

LAN Security Agreement

I,			, agree to conform to the
	(Please pr	int name)	
fol	lowing rest	rictions in the use (of the Administrative LAN:
	□ Username	es, passwords, and oth	ner security-related information
	are not to	be shared with other	s.
	□ District's	computer resources v	vill be utilized only for duties
	required l	by employment.	
_	Attempts	to gain access to the d	listrict's computer resources
	except the	orough assigned, auth	orized means is strictly
	forbidden	•	
	□ Copyrigh	ts, terms, and condition	ons of district-owned or licensed
	software v	will be respected.	
	No software or hardware will be introduced or removed from		
	the LAN	without permission.	
	□ E-mail co	mmunication is not p	rivate and may be subject to
	scrutiny.		
_	(Signature)	(Date)

¹ When both forms are completed with the employee's and supervisor's signature, please inter-office mail to Human Resources at CPC. After the account is setup, you will be notified by telephone. Instructions for using the account will be sent through inter-office mail.