



TEXAS A&M UNIVERSITY-TEXARKANA

E-MAIL & COMPUTER ACCOUNT REQUEST FORM

Please complete and return this form to Information Technology

USER Information:

Name: _____ Date: _____

College or Department: _____ Phone Number: _____

Identification Number (UIN): _____ Title: _____

Full-Time Faculty Full-Time Staff Full-Time Administration

ACCOUNT Information:

PASSWORD RULES: At least 8 characters in length, must not include any part of your name, and must contain at least **three** of the following: **capital letters, lower case letters, numbers, special characters**

User name is first initial with last name. (ex: Jane Doe = jdoe) Desired initial password: _____

By signing this request I am acknowledging that I have read the following statements and accept them as written:

1. Computer accounts at A&M-Texarkana are available to all full-time personnel for conducting university business. Access to some data is restricted by state and federal regulations and by university rules and System policy. Authorization required for access is indicated on applicable request forms.
2. University resources are to be utilized for those activities related to the goals and mission of the agency. Unauthorized use of A&M-Texarkana computers or unauthorized access to stored data or dissemination of passwords or other confidential information to gain access to a computer system or data is in violation of criminal law (Computer Crimes, Section 33.01, Texas Penal Code).
3. Data stored on university-maintained equipment is subject to access by the custodian unit (Tech/DE) for the purposes of disaster recovery, risk management, compliance with state and federal regulations as applicable, and required reporting. Data is routinely copied to backup files for security. This includes all centralized data bases, electronic mail, and web pages. Individual unit databases and other data may be copied to backup files as requested.

I understand and accept the above:

_____ Applicant Signature:

Please address questions to IT by submitting it to isite@tamut.edu

For IT use only	Date _____	<input type="checkbox"/> Already in system
Login ID: _____	System: _____	Created by: _____

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you