

Old Dominion University
BDMS ACCOUNT REQUEST FORM

Return to OCCS Account Manager, 4300 Engineering & Computational Sciences Building

<i>Applicant Information</i>			
_____	_____	_____	_____
Last Name	First Name	MI	Contact Phone Number
_____	_____	_____	<i>Type of User:</i>
University ID Number	Budget Code	Department	<input type="checkbox"/> Classified or Hourly Staff
Current Banner User	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Faculty OR Adjunct Faculty
			<input type="checkbox"/> Student Worker – Last Day of Work _____
			<input type="checkbox"/> Other _____ Last Day of Work _____

Group	Power User	Scan & Index	Scanners	Viewers	AIR	TEST
Admissions						
Budget Office						
Finance						
Financial Aid						
GPD Viewers						
HR						
IR						
ISSS						
Registrar						
Teacher Ed Svcs						

* Abbreviations: R: Delete A: Add

ACCEPTABLE USAGE STATEMENT

This section must be signed for any new account. Read very carefully before signing.

Computer and network users are granted access to computing, networks, and information stored electronically contingent upon their prudent and responsible use. Access is granted to the individual and no individual can transfer or share access with another. Customers may not (1) use information or resources for any illegal or unauthorized purpose or act, i.e., to violate state or federal laws or any established policies and procedures of the University; (2) participate in any behavior that unreasonably interferes with the fair use of other customers or harms them in any way; (3) use resources or information for commercial purpose without prior authorization from the Vice President for Administration and Finance. (Note that these acceptable usage policies are in addition to policies established by the Commonwealth of Virginia and do not supersede those Commonwealth policies.)

Misuse of computing, networking, and information resources may result in severe consequences, **including the loss of access to computing resources. (Please be aware that this loss of access could adversely affect the fulfillment of your University obligations.)**

By signing below, I acknowledge understanding of the information contained above and offer consent to the following: (1) in any investigation of suspected misuse by the account owner, the University may inspect, without prior notice (but with VP-A&F/auditor authorization), the contents of files, voice mail, logs, and any related computer-generated or stored material, such as printouts; and (2) customer computer files may be inspected occasionally by systems personnel when assuring system integrity or performing related resource management duties.

This agreement applies to all current and future accounts and access to University resources.

Name (printed): _____

Signature: _____ DATE _____

Approval:

Budget Unit Director Name (printed) _____

Signature _____ UIN _____ DATE _____

Data Owner Name (printed) _____

Signature _____ DATE _____

System Owner Name (printed) _____

Signature _____ DATE _____