



## Request for Access to Patriot Web

Items marked with \* are required.

\* NAME:

First

Middle

Last

Suffix

\* CURRENT ADDRESS:

Street

Apt. #

City

State

ZIP

FORMER/MAIDEN NAME:

FACULTY/STAFF/STUDENT ID: (G NUMBER OR SSN)

\* DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

*note: date of birth is required if Faculty/Staff/Student ID is not provided*

DATE OR TERM YOU LAST ATTENDED/WORKED AT MASON:

ALTERNATE EMAIL ADDRESS:

*note: if an email address is provided, you will be notified via email of how to access your account.*

\* DAYTIME PHONE:

\* PLEASE CREATE & ENTER A SIX DIGIT CLAIM CODE HERE: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

*note: this code may be any six numbers of your choice — you will use it later as a temporary access for your account.*

*I acknowledge and understand that by signing this document, I am the person I claim to be and agree that all information submitted within is correct and accurate. In addition, I acknowledge and understand that I am required to comply with all applicable federal, state, and George Mason University policies, procedures, and regulations regarding the use of George Mason University computing systems. Failure to comply with such policies, procedures, and regulations may result in a loss of access to computing resources and George Mason University may seek legal remedies. Furthermore, I agree that I will only access those data that are related specifically to my personal records and that I will not share or disclose my account with others.*

**I CERTIFY THAT I HAVE READ THE ABOVE AND AGREE TO IT.**

\* SIGNATURE

\* DATE

*Note: Students who have requested their records be coded "Private" must mail in a notarized access request (original only) or make their request in person with a photo ID. A faxed request is not acceptable.*

**MAIL/FAX THIS FORM WITH A COPY OF YOUR PHOTO ID  
(MASON ID, DRIVERS LICENSE, OR PASSPORT) TO:**

**ITU Support Center**

M-F 8 a.m.–7 p.m. EST

George Mason University

4400 University Drive, MSN 5D5

Fairfax, VA 22030

**Fax: (703) 993-3347**

*Please retain a copy of this form for your records.*