

**REQUEST FOR USE OF**  
**Information Technology Services at Oconee Fall Line Technical College**

**Employee ID:** \_\_\_\_\_  
**Legal Name:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Campus, Building, Room #:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_  
**Status (Full-time/Part-time):** \_\_\_\_\_

Note: All full- and part-time employees are eligible for an OFTC logon/e-mail account. Logon/e-mail accounts consist of the user's first initial and full last name. If a new user account duplicates an existing userID, the user's middle initial following the first initial will be added. (i.e. Mike Johnson = mjohanson, Mary B. Hunt = mbhunt). The immediate supervisor will be notified by the IT Department once the new and/or existing account is active. Please read the OFTC Acceptable Computer and Internet Use Policy for acceptable uses of OFTC's computer system.

**I would like to request the following computer accounts:**

\*Banner \_\_\_\_\_ Network \_\_\_\_\_ Nebraska \_\_\_\_\_ \*\*aXs \_\_\_\_\_

**\*Complete the Banner Security Form on the intranet.**

**\*\*Complete the aXs Security Form on the intranet.**

After carefully reviewing this document, please sign the acknowledgement below and obtain appropriate approval signatures. Return the approved form to the **North Campus IT Department – Room 206 or the South Campus IT Department – Stewart Bldg, Room 110.**

By signing this form:

1. I certify that I have read and understand the Oconee Fall Line Technical College Confidentiality Statement and Acceptable Computer and Internet Use Policy and agree to abide by the terms therein.
2. I certify the need for account(s) requested.
3. I agree to abide by all College policies that apply to the proper use of data.
4. I agree to abide by all TCSG/College policies that apply to the maintenance of a Banner account and/or any other account access requested above.
5. I understand that violations including misuse of data or accessing data for which I have no legitimate educational interest will subject me to disciplinary action up to, and including termination.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Provost, Vice President  
Dean or Director in charge: \_\_\_\_\_ Date: \_\_\_\_\_