



Alverno College NEW STUDENT EMPLOYEE Campus Network ACCOUNT REQUEST

SEMESTER 1 ____ SEMESTER 2 ____ SUMMER ____ OF YEAR: 20__ - 20__

COMPLETE THIS FORM ONLY IF THE STUDENT EMPLOYEE IS NEW TO YOUR DEPARTMENT OR IS RETURNING AFTER A BREAK IN EMPLOYMENT. COMPLETE THE "CONTINUATION OF EMPLOYMENT FORM" FOR ALL STUDENT EMPLOYEES WHO ARE CONTINUING EMPLOYMENT IN YOUR DEPARTMENT FROM ONE SEMESTER TO ANOTHER.

INSTRUCTIONS:

- ✓ Completion of this form is required for use of the Alverno College Campus Network, including printing and the Internet.
- ✓ Complete this form, and return it electronically or to the Tech Services mail drawer.
- ✓ Contact the Tech Services Help Desk (Ext. 6700) if you have problems and/or questions.

STUDENT EMPLOYEE SECTION (PLEASE PRINT):

First Name: _____ Middle Initial: ____ Last Name: _____

Department: _____

I am also a Student Employee in the following department(s):

- ✓ I understand that I will be issued a unique username and temporary password.
- ✓ I understand that I will be required to change this password the first time I log in.
- ✓ I agree that I will not share this username and password with anyone for any reason and that I am ultimately responsible for their protection.
- ✓ I understand that I must use my Student Employee account, and not my Student account, when I am working in this department. NOTE: Any print jobs sent while working in any department need to be sent from your Student Employee account to avoid having pages decremented from your Student account. Also, when making copies or scans on a Canon MFD for work, log into the device with your Student Employee account. If you scan your ID card on the device, any copies you make will decrement your Student printing page allotment, because your ID card is *only* associated with your Student Account.

Student Employee Signature: _____ Date: _____

SUPERVISOR SECTION:

I authorize Tech Services to provide the above Student Employee access to the following resources:

- Dept. Shared Folder (name): _____ (Please note that providing shared folder access will permit the Student Employee read/write privileges to **all** files in your department shared folder.)
- Dept. Email Distribution List (name): _____ (NOTE: requires Exchange email account)
- Exchange (Email) Account (for Outlook email and calendaring functions) This is a separate email account, in addition to their student email account.

Supervisor's Name: _____ Supervisor's Extension: _____

Supervisor's Signature: _____

ACCOUNT INFORMATION: TO BE COMPLETED BY TECH SERVICES

Account Created by: _____ on (date): _____

Assigned Username: _____ Temporary Password: _____

Account Expires: _____ Exchange Email Address: _____