

Account Request Form

Office of Campus Computing
USF St. Petersburg
Bayboro Hall 226
(727) 873-4357
Fax: (727) 873-4160

In order to process this form, please provide all of the information requested below. This form is only for computer access in offices and classrooms.

Personal Information

Full Name		
USF ID Card Numbers	U-	640013
Employee No. & Home Campus	000000	
Employee Status	<input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Temporary or Work Study	
College, Department or Group		
Office Location		
Net ID		
Password Suggestion *		
Phone Number		
Alternate Email Address		

* Providing your Net ID password will help us minimize the number of different passwords for multiple systems.

Network Drive Access

Please list any network drives or shared folders that you will need access to in this section.

Additional Requests

I confirm that the information I have provided above is accurate. I also understand that by completing and signing this form, I agree to the policies listed in the USF Network Access Agreement. A copy of this agreement is available online at this Web address: http://www.stpete.usf.edu/computing/standards/network_access_agreement.htm.

Signature: _____

Date: _____