Department of Biology Computing Account Change Form

Please fill this form out as completely as possible and submit it to your supervisor for approval. Once approved, return to Biology IT Services (425 BSBW) or email a scanned copy to help@bio.tamu.edu. Incomplete and/or illegible forms may delay account changes.

Current Directory Name: ____________________________
Current Directory User Name: ________________________
Current Directory Email address: _____________________
Requested Directory Name: __________________________
Requested Directory User Name: ______________________
Requested Directory Email address: ____________________

Please note that, as a rule, user names are in the format “first initial last name” (Joe Smith would be jsmith) unless the resulting user name is already in use. Exceptions to this rule will be considered but are not guaranteed.

I understand that gaining or helping others to gain unauthorized access to Texas A&M University and/or Department of Biology computers, networks and/or computing resources constitutes a violation of Texas A&M University Regulations, Texas A&M University System Administrative Procedures (SAPs), State of Texas Laws and United States Federal Laws and will make me subject to criminal prosecution to the full extent of these laws (Chapter 33, Section 1, Title 7 of the Texas Penal Code). I acknowledge that I do not possess the authority, nor can anyone else compel me to allow anyone else to use my user ID and password.

By logging on to any computer connected to the Department of Biology network (including accessing email associated with a Department of Biology email account), I acknowledge my responsibility for strictly adhering to Department of Biology Policies, Texas A&M University Regulations, Texas A&M University System Administrative Procedures (SAPs), State of Texas Laws and United States Federal Laws concerning network access and hardware/software usage. I am also aware that penalties exist for unauthorized access, use or distribution of confidential information and software from Department of Biology computers (including servers). This includes, but is not limited to, the storage of student and/or financial records on portable systems and/or storage devices without proper encryption protocols being employed and the sharing and/or use of unlicensed and/or pirated software, music, videos or other data.

I further agree to not attempt to circumvent computer security systems by using or attempting use any transactions, software or resources I am not authorized to use.

Signature of Requestor ____________________________ Date __________________

I certify that the applicant is under my supervision and all information is accurate and complete. I also acknowledge that I am responsible for informing Biology IT Services immediately upon this user’s separation from the Department of Biology through graduation, termination, departure or transfer.

Signature of Requestor’s Supervisor ____________________________ Date __________________

For Office Use Only: Account created by: _______________ Date: _______________
New Login ID: Account disabled by: _______________ Date: _______________
Start Date: Account deleted by: _______________ Date: _______________

Form revised 1 September 2015