Hampden-Sydney College
John B. Fuqua Computing Center
Email Request Form

Name: _____   Job Title: _____

Department: _____   Last Four Digits of SSN: XXX_XX- _____

Please Check One: _____ Faculty _____ Staff

I (user) agree to use only those resources for which I am authorized. I further agree to keep my account and password confidential, to allow no one else to use it for any purpose, and to abide by the terms of the Electronic Access Agreement. I understand that the data stored on College computers is to be safeguarded and is not to be released to anyone without authorization from the appropriate system owner.

_____
Signature (User)   Date

_____
Signature (Human Resources)   Date

Computing Center Use

Date Received: _____   Date Completed:_____

Username _____   Init Pass: _____

Added to list: Faculty_Staff/Faculty/or Staff _____

Application Access Completed   Account Access Completed

Date: _____   Date:_____

Completed by: _____   Completed by:_____