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- Complete and submit this form to <u>HuskyTech@stcloudstate.edu</u> or intercampus mail to Miller Center 102.
 - After your request is received, IT personnel will consult with the requestor to:
 - Identify specific needs and potential alternate solutions
 - Provide brief overview of possible issues and ramifications of having computer administer rights
- Please contact your technician or HuskyTech at (320) 308-7000 if you need assistance in completing the request form.

| To be completed by Requestor |
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| Requestor Name: |
| StarID: Phone Number: |
| SCSU Email Address: |
| Computer Name: |
| Computer's Primary Location: |
| Computer Operating System: Windows Mac Department: |
| Description of Technical Needs Requiring Administrator Access: |
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| By checking the boxes below I agree to the following: |
| □ I will review and adhere to the Minnesota State Acceptable Usage Policy: Minnesota State Acceptable |
| Usage Policy (Procedure 5.22.1) |
| □ I will sign onto the computer in <i>non-privileged user mode</i> and will only use administrative privileges |
| to install needed software or to alter settings. |
| □ I understand that I am responsible for the consequences of installing software onto or altering the setting of the university-owned computer assigned for my use that corrupts or introduces malware onto the computer or network, and that administrative privileges may be rescinded, data may be lost, and the computer will be returned to a base state. |
| \Box I understand that computer administrator rights are granted for a period of not more than one year |
| and will be subject to annual review. I also understand that I will need to reapply if computer |
| administrative rights are rescinded for any reason. |
| Requestor Signature and Date: |
| To be completed by Requestor's Unit Supervisor |
| \Box I have reviewed and approve this request for administrator-level access. |
| Unit Supervisor Printed Name: |
| Unit Supervisor Signature and Date: |
| Office Use Only: Supplemental Account Name: |