REQUEST FOR ADMINISTRATIVE PRIVILEGES

This form is to be filled out by the individual College member who has requested administrative access to their College-owned office desktop computer. A local administrative account will be established on the machine for the sole use of the individual. No other person who accesses the machine may use the account. The individual is not to share the administrative account password with any other person, College member or otherwise.

Approval from both the department Head (e.g. Head of School) and a member of the College IT unit must be sought in order to submit this request. Details of each representative, along with their signature acknowledging the individual’s need for administrative access to their computer, must be entered at the bottom of this form in the space provided.

USER DECLARATION

I acknowledge that using an account with administrative privileges can compromise system security and may result in logical damage to College computer systems and/or files through, but not limited to, the installation of malware or viruses, as a result of neglect or accidental action(s) where an inappropriate use of IT resources has occurred, such as access of unverified internet sites or installation of unverified software.

I take full responsibility for any adverse changes to College computer systems or loss of data resulting from the installation of new programs, execution of scripts, or any other changes to the local computer system that have occurred through the use of the administrative privileges I have been granted. I acknowledge that resolution of any resulting issues by the College IT administration may be given low priority depending on the particular situation, and that my administrative rights may be revoked where such access is having a negative impact of College resources.

Requestor’s Name (please print): ________________________________

Signature: ___________________________ Date: ______________

Approval from department Head:

School/Department Delegate: ________________________________

Signature: ___________________________ Date: ______________

Approval from member of College IT:

IT Representative: ________________________________

Signature: ___________________________ Date: ______________

Updated 02/02/2011