

### Affiliate Tulane Account Request Form

Please complete form by **TYPING** all required information. Scan form and e-mail to [accounts@tulane.edu](mailto:accounts@tulane.edu). **Accounts must be approved annually.** Department Head/Departmental Account Manager may e-mail account termination or annual approval to [accounts@tulane.edu](mailto:accounts@tulane.edu).

<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Tulane ID if known:</b>	<b>Phone:</b>	
<b>Date of Birth</b> * <i>Used for account verification</i> (mm/dd/yyyy)		
<b>Personal E-mail Address:</b>		

#### Requesting Department

<b>Department:</b>	
<b>Dean/Director/Department Head:</b>	
<b>E-mail Address:</b>	<b>Phone:</b>
<b>Account Manager:</b> <i>Responsible for receiving account expiration notices and requesting account extensions or deletions.</i>	
<b>Account Manager Name:</b>	

#### Affiliation

Non-paid staff       Visiting Scholar (non-teaching)       Contractor       Community Volunteer   
 Emeritus Faculty       Other  Specify \_\_\_\_\_

#### Type of Account

Full Access (LDAP, **Standard VPN**, Email and Remote Library Access)   
**Advanced VPN Enterprise System** (Information Security Office Approval *REQUIRED*)   
*Technology Services Support function **ONLY** –*  
 Information Security Office Approval (Initial and Date) \_\_\_\_\_

#### Agreement

I have reviewed the Account Acceptable Use, E-mail, and Peer-to-Peer Sharing Policies posted on the website of Tulane Information Security Office ([security.tulane.edu](http://security.tulane.edu)) and I agree to abide by those policies regarding network use, e-mail and file sharing.

**\*This request will not be processed without the appropriate signatures. \***

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Department Signature \_\_\_\_\_ Date \_\_\_\_\_

#### \* \* \* FOR TECHNOLOGY SERVICES USE ONLY \* \* \*

<b>Received Date:</b>	<b>Authorized By:</b>
<b>Account Start Date:</b>	<b>Account End Date:</b>