UMH/UMHS/UMMSM NETWORK ACCESS REQUEST

REQUESTING PARTY: (UM MANAGER/SUPERVISOR ONLY)	REQUESTING ACCESS FOR THE FOLLOWING PERSON:
Today's date: _____	Name: _____
Name: _____	Title: _____
UM Title: _____	Company name: _____
C-number: _____	Company address: _____
UM phone number: _____	Cell number: _____
UM department: _____	C-number: _____
UM email address: _____	Email address: _____

Will this person access the network via a UM-owned computer or their own computer equipment?

☐ **UM Equipment**
Computer Name: _____

☐ **Personal Equipment**
Operating System: _____

Note: We do not allow any of the following on the UM network unless UM IT staff personally inspect the machine:
- **Any type of server operating system (Windows, Linux, Unix or other)**
- **FTP, file-sharing (P2P or other), SQL, BSD, DHCP, DNS, or web servers**
- **Bulk mailers**
- **Network sniffers or scanners**

All machines must have approved antivirus and antispyware software installed with current definitions.

NEW USER REQUEST

☐ Medical ID   ☐ H:\ Personal Folder   ☐ CITRIX   ☐ VPN   ☐ Other

PLEASE LIST APPLICATIONS OR SYSTEMS YOU ARE REQUESTING ACCESS TO:

AUTHORIZATION SIGNATURES

NOTE: UM reserves the right to terminate access to information technology resources for improper usage at any time and without notice, and to remove computing devices from the network if they cause problems on/for the network or for other UM users. **All users will be held liable for their actions while connected to the UM network.**

➢ **REQUEST WILL BE RETURNED TO REQUESTING PARTY IF FORM IS INCOMPLETE.**

➢ **REQUIRED SIGNATURES: USER, and USER SUPERVISOR or MANAGER.**

I **(Print New User's Name)** _____ understand the University of Miami policy on computer usage: http://www.miami.edu/index.php/a045_computer_access_and_confidentiality/. I understand that the requested access is for my use only. If I violate any policy or cause damage to UM computers or the UM network, my access will be revoked and I can be held liable for damage caused by my actions. I also understand that I may be prosecuted to the fullest extent of the law. My signature below acknowledges that I have read this policy.
(**New User's Signature**) _____

I **(Print User's Manager/Supervisor Name)** _____ request access for the above named person. I have informed the new user of the computer usage policy. My signature below acknowledges I have read and agree with this form.
(**User's Manager/Supervisor Signature**) _____

*To create a CaneID, go to: https://caneid.miami.edu/createnewaccount.aspx

Complete the form. Scan and email to help@med.miami.edu using your UM email account.