IT Resources and Systems Access Request Form (Exception)

Date of Request: _____

Access to and use of IT Resources and systems by persons not directly affiliated with Longwood must involve work to be performed which satisfies at least (1) of the following conditions:
- The work relates to or is in support of Longwood's sponsored activities
- The work involves use of IT resources and systems available only from Longwood and can be accommodated without disruption to established Longwood workloads.

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*Full Name of the person needing access (MUST include middle initial): _____

*Date of Birth: _____

Or **Conference/Event Name:** _____

Please provide pertinent contact information:

*Business or Group Affiliation Name: _____

Address: _____

*Phone: _____

On-Campus office location (if applicable): _____   On-Campus Phone (if applicable): _____

Previously Employed at Longwood?   **Yes   No**

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*Select the access required (check all that apply) and, if appropriate, attach corresponding and completed access request forms:

    Email Access *   **Office, Classroom and Lab Access, Banner ID, Canvas ***   ***Last (4) of SSN# required:** _____

    Connect a personal laptop to the   **Wired network (MAC address required):**   **-   -   -   -   -**

    Remote access to Longwood systems (System Administrator will request specific access):

    By signing below, I understand and agree to abide by **University Policy 6026: Remote Access.**

    Signature: _____   **Date**: _____

    Canvas only access (Course Name and # required): _____**Email Address:**_____

    <u>**Registrar Only**</u>: **Name:** _____ **Signature:** _____ **Date:** _____

    Other access (Specifics required):

Duration (Not to exceed (1) Year):   * Start Date: _____   *** End Date:** _____

Sponsor must be a Longwood University employee and agrees to assume responsibility for use and adherence to the **Acceptable Use of Information Technology Resources and Systems Policy: 6002** for the person/conference/event named above.

*Sponsor's Name: _____

*Sponsor's Phone: _____

*Sponsor's Dept: _____

*Email: _____ **@ longwood.edu**

*Sponsor Signature: _____   ***Date:** _____

Please deliver to User Support Services for routing to the Vice President of Information Technology Services/Chief Information Officer (CIO) or his/her designee, for approval and processing.

Incomplete or denied requests will be returned to the Sponsor. See **Access to Information Technology Resources and Systems: 6003** for more information.