

INFORMATION TECHNOLOGY
Personal Digital Identity (PDID)
Request Form

The end of this form **requires** the signature of the client for acknowledgement of the specified UNC procedures and the signature of the department/program head indicating that training will be provided for these procedures.

Access will not be granted without both of these signatures.

If you have questions about the information being requested, please contact the Technical Support Center at 970.351.4357

All *italicized* fields are **required**.

Access will not be granted without the required information, however we recommend all fields are filled out to the best of your ability for us to be better able to contact and serve you.

USER ACTION REQUESTED

Create user Delete user Update user Change user (Departmental)

CLIENT INFORMATION

First Name: _____ *MI:* _____ *Last Name:* _____
(FORMAL NAME IS REQUIRED)

Bear Number: _____ *Preferred contact number:* _____

Department: _____

Employee Type: Faculty Staff TA/GA University Aide Student Employee

TA/GA - Account expires August 31st unless otherwise indicated **University Aide** – Account expires 6 months after creation

Student Employee – Account expires at the end of each semester

**If you would like the requested account to remain active past the specified expiration date, the supervisor must contact the TSC. Supervisors can send an email to technical.support@unco.edu or call 351-4357.*

On-Campus Client:

Office Location: _____ Room Number: _____ Office Ext.: _____
(Will have an office with computer access on-campus)

Off-Campus Client:

Home Phone Number: _____
(Will not be working at an on-campus office location)

*Create client's access similar to: _____
(Provide the name of a current University Employee that the client needs to have similar access as)

SUPERVISOR INFORMATION:

Supervisor Name: _____ *Office Extension:* _____
(PLEASE PRINT)

PERSONAL DIGITAL ID RESOURCES:

Personal Digital ID (PDID), Email address (@unco.edu), and Ursa access:

- Create a PDID for Ursa and University workstation access
- Create a PDID for Ursa access only
- Create an Alias Email Address: _____
(additional email address created for a shortened name, nickname, etc.)

Additional Resources:

- Web Xtender: access <http://d2.parature.com/ics/support/default.asp?deptID=8017&task=knowledge&questionID=2578> for additional information.
- Cbord: FMS HMS PCS
- SharePoint: share.unco.edu/ _____
- Other: _____
- Resource 25: Contact University Scheduling & Events for account authorization (970.351.2558)
- Banner: Access <http://www.unco.edu/aboutursa/resources.html> for Banner Security forms
- Insight: Access <http://www.unco.edu/aboutinsight/forms.html> for additional Staff or Faculty access

PHONE ACCESS:

- Voicemail Account:
Office Extension required: _____
 Create New Extension
(All voicemail requests will be setup to have email and voicemail accounts Unified)
- Long Distance Authorization Code:
FOAP # required: _____ (to be charged the long distance fees)

CLIENT SIGNATURE

PLEASE REVIEW AND SIGN

I acknowledge that I have read the University of Northern Colorado handbook and understand the Family Education & Privacy Act (<http://www.registrar.unco.edu/Ferpa/Ferpa.htm>) and the University of Northern Colorado computing procedures (<http://www.unco.edu/it/Policies/computingproceduresindex.html>). I further acknowledge that I understand my responsibilities as related to FERPA and to the Information Technology policies and am aware that unauthorized release of student information is in violation of the FERPA policy and will necessitate the revocation of access to the University data. Violation of FERPA and Information Technology procedures and any improper use of computer resources may result in disciplinary action up to and including termination. For additional information on Data Handling procedures please visit: <http://www.unco.edu/it/Policies/DataHandling.pdf>

Client Signature: _____ *Date:* _____

DEPARTMENT/PROGRAM HEAD SIGNATURE

PLEASE REVIEW AND SIGN

When you sign this request to grant access you assume the responsibility to provide training for the person receiving the authorization, to provide information about FERPA, to monitor the use of the information, to request the cancellation of access should the user resign or be terminated from his/her position, and authorize changes for login.

Department/Program Head (Signature): _____ *Date:* _____

Department/Program Head (Print): _____

DELIVERY INSTRUCTION

When completed please send to the Technical Support Center via one of the following options:
Fax—970.351.1354 Campus Box—Number 19 Office Location—University Center

INTERNAL USE ONLY

Signature Verification and Processor: _____ *Date:* _____

Executive Approval: _____ *Date:* _____