



Application for UNC WWW Account Clubs and Organizations

Accounts used to post web pages on (WWW.UNCO.EDU) are available to UNC Colleges, Department, programs, and officially chartered organizations. Each account must have an author who will act as the responsible party for the page.

This form is for any website creation or access that is not departmental. i.e. Mortar Board or Student Honors Council

Questions regarding UNC WWW policies/standards may be addressed via Email to webmaster@unco.edu.

Step 1: Complete the Client Information Requested

CLIENT INFORMATION:

First Name: _____ *Last Name:* _____

Bear Number: _____ *Department:* _____

Office Location: _____ *Phone #:* _____

Campus Affiliation: Faculty Staff TA/GA Student Employee Student

Do you have a First.Last name account? Yes No

Step 2: Request an Action

Action Requested:

- Create new website and add user access.
- Add User to existing website.

Step 3: Be Sure that You Have a PDID Account

If you have a PDID account already please only complete pages 1&2 and take it to the Student Activities Office to have signed by the director.

If you do not already have a PDID (First.Last name) account, please complete pages 3&4 of this form. When complete, take this form and the PDID form to Student Activities Office to have signed by the director.

**Note: If you need assistance completing the PDID form please call the Technical Support Center at 970.351.4357.*



Step 4: Provide the Website Information and Obtain Ronna Johnston's Signature

Student Clubs and Organizations Request:

Student Club or Organization: _____

Responsible Party (printed): _____
(Must be full-time Faculty or Staff)

Web Author's name: _____

http://www.unco.edu/ _____

To access the website you will need to enter information as shown below:

Username: First.Last (e.g. Tom.Smith)

Password: *****

Director of Web Communications Signature: _____
Ronna Johnston, Carter Hall Room – 2009 Phone: 351-1848

Step 5: Sign the Web Author Agreement

WEB AUTHOR SIGNATURE

PLEASE REVIEW AND SIGN

I acknowledge that I have read the University of Northern Colorado procedures for the administration of the Family Education & Privacy Act at <http://www.registrar.unco.edu/Ferpa.htm> and the University of Northern Colorado Information Technology Procedures at <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 understand 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 policies and any improper use of computer resources may result in disciplinary action up to and including termination.

Step 5: Obtain the Signature of the Department Head of the Student Activities Office

STUDENT ACTIVITIES DEPARTMENT 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/Advisor Signature: _____ *Date:* _____

Step 6: Deliver to the Technical Support Center

DELIVERY INSTRUCTION

After all parts are filled out and signed 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

**IF YOU HAVE QUESTIONS ABOUT THE COMPLETION OR STATUS OF THIS REQUEST
PLEASE CALL (970) 351-HELP (4357)**

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 May 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:* _____