BROWARD COMMUNITY COLLEGE
Information Technology
(Novell/Mainframe/Groupwise)
COMPUTER NETWORK SECURITY REQUEST FORM

A – User Information - Fill out options: A,B,C,D,&E

❶ Full Name: _____ SSN or PID_____

❷ Title: _____ ❸ Department: _____

❹ Campus: ❒ Central ❒ Weston ❒ WHC ❒ North ❒ South ❒ Pines ❒ Miramar/Automotive ❒ Overseas Ctr.

❺ Location: (Bldg.#)_____ (Room#) _____ ❻ Phone#: 954-201- _____ ❼ Fax#: 954-201- _____

❽ Job Title/Position:
❒ Full-Time Career Employee ❒ Part-Time Employee
❒ Full-Time Faculty ❒ Adjunct Faculty
❒ Outside Consultant ❒ Administrator

B – Novell/NDS Access for Part-Time (Access is needed to view pay stub)

❒ Yes, Creation of H: drive, Personal storage drive (**not** needed to view pay stub)
❒ Yes, Access to S: drive, College wide shared drive (**not** needed to view pay stub)
❒ Yes, Access to P: drive, Departmental drive (**not** needed to view pay stub)

C – Groupwise Email Access (Access is **not** needed to view online pay stub)

❒ Yes, Groupwise Access ❒ No, Groupwise Access

D – Faculty Web Page Access **(Only full-time Faculty and adjuncts are eligible for personal web space)**

❒ Yes, I will require access to create/maintain my own personal web space on the BCC site.
❒ No, I will not require access to create/maintain my own personal web space on the BCC site.

E – Employee & Supervisor Authorization

User Signature: _____ Date: _____/_____/_____

Supervisor Signature: _____ Date: _____/_____/_____

Please Print Name: _____

Notes:

For special situations/circumstances:

_____

_____

Note: *Network User ID: will be the 1st initial of first name, plus seven characters of last name*

CID Access – To get CID access to specific areas/groups please print and fill out the form on the following link:
http://www.broward.edu/informationtechnology_57/SupportingContent/CID%20Campus%20User%20.pdf

_____ Date: _____/_____/_____
Authorized Supervisor Signature

Keep a copy of this form for your records. ***Send the completed and signed form to: Help Desk, DTC***