

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

Delete *Change* *Transfer*

A – User Information

❶ Full Name: _____ SS#: _____

❷ Title: _____ ❸ Department: _____

❹ Campus: Central Commercial DTC CHSE North South Overseas Ctr. Pines Ctr. Miramar

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

❿ Job Title/Position: Full-Time Career Employee Part-Time Career Employee Administrator
 Full-Time Faculty Adjunct Faculty Student Worker

B – Groupwise Email

Yes, Groupwise Access No, Groupwise Access

FR: _____ TO: _____

C – Faculty Web Page Access

Old Department/Organization I maintained: _____

New Department/Organization to maintain: _____

D – Mainframe Access – Note: *User ID: is the 1st initial of first name, plus seven characters of last name*
Password: is 4-8 alpha/numeric characters

Production User ID: _____ Password: _____
 Test User ID: _____ Password: _____

E – Employee & Supervisor Authorization

User Signature: _____ Date: ____/____/____

Supervisor Signature: _____ Date: ____/____/____

Please Print Name: _____

Notes:

For special situations/circumstances:

Authorized Supervisor Signature Date: ____/____/____

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