Computer Account Request Form for Faculty/Staff

ACADIA UNIVERSITY

Box A - To be completed by Department

Date: _____

Applicant Name (first) _____ MI) ____ (last) _____

Present Contact Information: Phone _____

Email: _____

This account is for ☐ faculty ☐ staff

Department: _____

Position Name/Title: _____

Comments: _____

☐ New account request (indicate which systems below) **OR**
  ☐ Computer account extension   ☐ with no changes in access

For which computer system(s) is this request being made?

☐ Computer Network Account *{includes email}*
  Datatel***** http://financial-services.acadiau.ca/request-account.html

  Eden***** http://www.acadiau.ca/registrar/edenform.pdf
☐ Other _____
☐ Shared/Folder Access: (such as web or departmental folders)

  Please define path: _____

*Completed and Approved application form found at listed url is required for Datatel or Eden access.

Signature: (Department Head) *required* _____

Name: (please print) _____

Department: _____   Telephone extension: _____

Date: _____

Box B - Applicant Authorization

I agree with the above computer account request and further agree to read and comply with all University policies regarding computer usage:

Signature of applicant: *required*   _____

Box C - Human Resources Use Only

Employee ID: _____   Preferred first name of applicant   _____

Comments: _____

Employment Start Date _____   End Date _____

Initial: _____   Date: _____

Box D - Technology Services Use Only

Date Received: _____ ☐ am ☐ pm Initial _____
Date Completed: _____ by _____