

***This request is for accounts and/or resources for 3<sup>rd</sup> Party Vendors, Consultants, or Aramark. Accounts may only be requested and granted for guests, vendors, or consultants who require access to university resources for official university business. Do not request accounts if they are not required.***

***This access can be provided for up to one year; accounts automatically terminate after one year. In order to prevent disruption of access, a new request must be submitted prior to the end of the one-year period. It is the supervisor's responsibility to submit a form to terminate access at least one week before the individual no longer requires access to computer accounts/resources. This is not necessary if an end date has been specified in the initial request. That end date will automatically be used for account termination.***

Request Date:

Request Type (select one below):

- NEW (complete sections 1 thru 5)
- RENEWAL (complete sections 1 thru 5)
- TERMINATION of account (complete sections 1 and 4 only)

**Section 1 -- Individual or Company Requiring Access to Resources**

Last Name:		First:	Middle:
Position within Company (if applicable):			
Company Name(if applicable):			
Daytime Phone:		Cell Phone:	
Address:			
City:		State:	Zip:
Email:		Banner ID (if applicable, renewal/terminations):	
<b>Note: The following data fields are required in order to prevent creation of duplicate accounts. All information is confidential.</b>			
Date of Birth (mm/dd/yy):	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
			Last four digits of SSN:

**Section 2 -- WCU Departmental Sponsor for Requested Access**

Last Name:		First Name:
Title:		
Department:		
Campus Phone:		Campus Email:
Campus Address:		

**Section 3 -- Requested Resources**

<input type="checkbox"/> Network Access	<input type="checkbox"/> Email Account (Guests only)	<input type="checkbox"/> Other Resource:
Purpose for Request (Include general statement of work to be done, regarding affected departments, systems, data, etc.):		
Type of Connection Required: <input type="checkbox"/> Local connection on campus <input type="checkbox"/> Connect from remote location		
Access Begin Date/Time:		End Date/Time:
Authorization Signature (if resources are owned by another department):		Date:
Authorization Printed Name:		Email:
Authorization Dept/Title:		

**Section 4 – Authorization Of Sponsoring Department**

**I understand that it is my responsibility to submit a Termination of Access request immediately, if this access is no longer required prior to the specified end date.**

Sponsor Printed Name:	Date:
Sponsor Signature:	Email:
Dean/Director/Dept Head Printed Name:	Date:
Dean/Director/Dept Head Signature:	Email:

**Section 5 -- Confidentiality and Non-disclosure Agreement**

**The undersigned third-party vendor or contractor (the “Contractor”), in the course of providing certain services to Western Carolina University (the “University”), may have access to or may acquire confidential personally identifiable information, including but not limited to student and/or employee names, addresses, telephone numbers, bank and/or credit card numbers, social security numbers, and income and credit history information.**

**Contractor warrants that it is familiar with the requirements of various state and federal laws regarding privacy and security of confidential information maintained by the University, including the Financial Services Modernization Act of 1999 (the Gramm-Leach-Bliley Act), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Payment Card Industry (PCI) Data Security Standards, and the North Carolina Identity Theft Protection Act, and agrees that it shall cooperate, and shall cause its officers, employees, agents, and subcontractors to cooperate with the University, as necessary, to comply fully with these legal obligations.**

**Contractor agrees to keep confidential all student education records, employee personnel records, and other personally identifiable information which is deemed to be confidential in accordance with applicable state and federal law and standards, and will require that its officers, employees, subcontractors, and agents comply with the same.**

**Contractor warrants that it is capable of safeguarding any confidential information accessed or acquired. Contractor agrees that it will implement such safeguards as necessary to maintain the security and confidentiality of the information accessed or acquired, and that it will prevent the disclosure of the information except as required by law.**

**Contractor will immediately report to University any unauthorized use or disclosure of the accessed or acquired confidential information.**

**Contractor shall indemnify, protect, defend, and hold harmless the University and its trustees, officers, agents, employees, representatives, and assigns, and the University System of North Carolina and its governors, officers, agents, employees, representatives, and assigns from and against any and all claims, demands, suits, and causes of action and any and all liabilities, costs, damages, expenses, and judgments incurred in connection therewith (including but not limited to reasonable attorney's fees and court costs) relating to or arising out of Contractor's or Contractor's authorized representative's unauthorized use or disclosure of confidential information.**

Signature:	Date:
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**Section 6 – Account Fulfillment -- To be Completed by IT**

<input type="checkbox"/> Created	<input type="checkbox"/> Denied	Denial Reason:	Date:
Request Fulfilled By -- Printed:			
Request Fulfilled By -- Signature:			
Special Notes:			

**Section 7 -- TO BE COMPLETED BY WCU IT (when applicable)**

<u>Computer Access Requirements:</u>	Name	
	IP Address	
	OS	
	Location	
	System Administrator Name	
	System Administrator Phone or Email	
	Network Service(s) Used for Connection	
	Proposed Access Method	
<b>WCU Systems &amp; Operations Director Signature:</b>		<b>Date Authorized:</b>

**Section 8 -- To be completed by HR**

Employee ID:	Date:
Request Fulfilled By:	
Special Notes:	

**INSTRUCTIONS:**

**For all requests: Enter the request date and select the request type.**

- For "Add" or "Renewal" accounts, complete sections 1 through 5.
- For "Termination" of accounts, complete sections 1 and 4 only.

**Submit requests using one of the options below. HR will route appropriate information to IT.**

**SUBMIT REQUESTS TO THE FOLLOWING LOCATION:**

**Mail To: Western Carolina University; Office of Human Resources ; Diana Catley; 220 HFR Building; Cullowhee, NC 28723**  
**Fax To: 828.227.7007**  
**Email To: [dcatley@email.wcu.edu](mailto:dcatley@email.wcu.edu)**