

BHSU Network Access Application

Employee Information (Must be filled out completely)

Employee Name: (Last, First, Middle)	_____	Date:	_____	Time:	_____
Department/School:	_____	Office Phone:	_____		
Supervisor's Name:	_____	Office Location:	_____		
Supervisor's Signature:	(Supervisor's signature is required for approval.) _____	Working Title:	_____		
		Buzz Card #:	_____		

Employee Status (Please select one of the following.)

☐ Faculty ☐ Adjunct Faculty ☐ Rapid City Area ☐ Staff ☐ Student Employee

Access Requested (Please check all that apply.)

Is this request for a change to an existing account or for the creation of a new account? Existing ☐ New ☐

☐ Faculty/Staff Network (computer/Internet access only) ☐ Faculty/Staff Email ☐ Student Network ☐ Student Email

Other: (Please Specify) _____

Password **(If off campus only.)*

Must be minimum eight (8) character password that contains 3 different characters (number, special character, uppercase or lowercase). Your temporary password will be set to "**Bhsu@1883**" and you will be required to select a minimum eight (8) character alphanumeric password at your first logon.

Applicant's Signature (The applicant's signature is required.)

By signing this document, I signify that I have read, understand, and agree to abide by SD BOR Information Technology Appropriate Use Policy ("AUP"). This policy is located at <http://www.bhsu.edu/AboutUs/Policies/SDBORAppropriateUsePolicy/tabid/9708/Default.aspx>.

Applicant's Signature: _____ Date: _____

For Network & Computer Services' Use Only

Account created by:	_____	Date:	_____	Time:	_____
Notification given by:	_____	Date:	_____	Time:	_____

Please return this form to: Network & Computer Services

Incomplete forms will be denied access. **Please allow three business days for account creation.** Direct any questions regarding your application for computer access to Network & Computer Services at 642-6580. Return form to Network & Computer Services, 1200 University Street Unit 9665, Spearfish, SD 57799, Library 007, or fax to 642-6660 with hand written signature. **Form must be complete with all information.**