REQUEST FOR KSUCVM NETWORK ACCOUNT

Please fill out the following information and send to:

Steve Waldron
Network Administrator
406 Trotter Hall

OR

DeAnna Jacklovich
Network Administrator
406 Trotter Hall

Please allow 24 hours for creation of new accounts. You will receive notification via campus mail when the account has been created and made active, along with helpful information about using the network.

!!! PLEASE PRINT LEGIBLY !!!
INFORMATION IS USED TO CREATE USERNAMES & PASSWORDS

Printed Full Name: _____ _____ _____
FIRST MI LAST

Position Title: _____ **K-State eID:** _____

Department / Unit: (Select one)
○ A&P ○ Alumni ○ ARF ○ CE ○ Clinical Sciences ○ VDL ○ Deans Office
○ Development ○ DMP ○ Facilities ○ Library ○ Deans Business Office ○ VMTH ○ Other: _____

Where is your Office Located?: (Select One)
○ Coles Hall ○ Mosier Hall ○ Research Park ○ Trotter Hall ○ Other:_____

What is you Office Room Number?: _____

Work Phone Number(____)_____-_____

Status: (Select one- please check with your HR representative if you are not sure!)
○ Veterinary Student ○ Veterinary Student and Student Worker ○ Student Worker
○ Classified Staff ○ Unclassified Staff ○ Faculty ○ Other:_____

Birthday(MM/DD/YYYY):_____

Uvis Account Information:
○ I Do NOT need a Uvis account (skip to Name of Supervisor) ○ I DO need a Uvis account (fill out this section)
Lab Name: _____
Role Sections for access: _____ or
Setup same as UVIS user indicated here:_____

Name Of Supervisor:_____

The application for new accounts requires that the user sign an agreement stating that the user understands and will abide by all policies regarding the use of the College of Veterinary Medicine at Kansas State University networks. The user also understands that they are responsible for all transactions associated with their account.

Signature: _____ **Date:** _____

CaTS use only

Date Created: _____ **By:** _____

Username: _____ **ADS:**___ **Home Dir:**___

Password: _____ **NDS:**___ **Syncronize:**___

Email UVIS info: ___