To fill out this form digitally, copy it and paste the file from the public drive to your desktop. Open the file from your desktop and fill it out, then choose Save As, rename the account form with your last name as a part of the document title, then save the file to your desktop. Attach the file to an email to artsci-help@tamu.edu and send it. Do not open the file from the Biology Public folder and save it.

Department of Biology Computing Request Form

Please fill this form out as completely as possible. Please fill out using ink. Return to Biology IT Services (425 BSBW or email a scanned copy to artsci-help@tamu.edu). Incomplete and/or illegible forms may delay account creation.

Personal Information		ers to gain unauthorized access to Texas A&M and/
First Name:	or Department of Biology computers, networks and/or computing resources constitutes a	
Middle Name:		ulations, Texas A&M University System
Last Name:	Administrative Procedures (SAPs), State of Texas Laws and United States Federal Laws and will make me subject to criminal prosecution to the full extent of these laws (Chapter	
UIN:	33, Section 1, Title 7 of the Texas Penal Code). I acknowledge that I do not possess the	
NetID:	authority, nor can anyone else compel me to allow anyone else to use my user ID and	
	password.	•
Job Title:		
Room Number:	1	d to the Department of Biology network (including
Office Phone (not cell):		tment of Biology email account), I acknowledge my partment of Biology Policies, Texas A&M
Supervisor:		iversity System Administrative Procedures (SAPs),
Group (Lab):	State of Texas Laws and United States Federal Laws concerning network access and	
Gloup (Lab).	1	re that penalties exist for unauthorized access, use
Account Type		n and software from Department of Biology
☐ Faculty	1 -	ides, but is not limited to, the storage of student
☐ Graduate Student	and/or financial records on portable systems and/or storage devices without proper	
Staff	encryption protocols being employed and the sharing and/or use of unlicensed and/or pirated software, music, videos or other data. I will not store HIPAA or export controlled	
12 111	data (ITAR or EAR) data on any systems or servers in the Biology Department without	
Research Staff	informing and consulting with Biology IT Services.	
☐ Standard		
☐ Teaching Assistant (out of dept.)	I further agree to not attempt to circumvent computer security systems by using or	
Undergraduate Account	attempting use any transactions, software or resources I am not authorized to use.	
Student Worker (paid)		
Researcher (unpaid)	G. A. B. II.	
☐ Visiting Scholar	Signature of Applicant Date	
Other:————	I certify that the applicant is under my supervision and all information is accurate	
	and complete. I also acknowledge that I am responsible for informing Biology IT	
		s separation from the Department of Biology
	through graduation, termination, departure or transfer.	
	anough graduation, termination, dep	artare of transfer.
	Signature of Applicant's Supervise	or Date
	Directories that this user will need access to:	
	Directories that this user will no	ced access to:
	User accounts are assigned access to the shared a	irectories associated with their lah or aroun
		of department TAs and visiting scholars will not have a user
	directory unless requested and approved by supervisor.	
	Email lists that this user needs to be added to:	
Special Notes:	ZAMAN MORO MARE MAIS COLOR ACCUSO	NO NO MARKET TO
<u> </u>	Fach account will be placed into the following em	ail lists: list for lab or group, list for building worked in, list for
	account type (faculty, staff, grad student, etc) and	
For Office Use Only:	count created by:	Date:
Login ID: Ac	count disabled by:	Date:
Start Date: Ac	count deleted by:	Date:
Email account contact claimed/con	nnected by:	Date:
Email lists configured D by: I		
		Form revised 6 Feb 2023