

# Western Carolina University Consultant/Guest Access Request Form

This request form is for accounts and/or resources required by consultants and guests. Accounts may only be requested and granted for persons who require access to university resources for official university business. This access can be provided for up to one year. Accounts automatically terminate after one year.

**This form should be submitted at least 2 weeks prior to the requested service.**

## SECTION 1 - Request Type

New <i>(complete sections 2-5)</i>	Renewal <i>(complete sections 2-5)</i>	Termination <i>(complete sections 2-4)</i>
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## SECTION 2 - Individual or Company Requiring Access to Resources

Last Name:	First Name:	Middle:
Position within Company <i>(if applicable)</i> :		
Company Name <i>(if applicable)</i> :		
Daytime Phone:	Cell Phone:	
Address:		
City:	State:	Zip:
Email:	Banner ID <i>(for renewal/termination)</i> :	
<i>Note: The following information is required in order to prevent creation of duplicate accounts. All information is confidential.</i>		
Date of Birth (mm/dd/yy):	Male	Female
		Last 4 of SSN:

## SECTION 3 - Type of Access Being Requested

Type of Account(s):	Consultant Affiliate faculty	Guest Dual employment
Type of Connection Required:	Local connection on campus	Connect from remote location
Type of Resources Requested:	Network	Email account
Other Resources:		
Purpose of Request <i>(Include a general statement about work to be done regarding affected departments, systems, data, etc.)</i>		
Access Begin Date:	Access End Date:	

## SECTION 4 – WCU Departmental Sponsor

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. I understand that a new request must be submitted to extend an account beyond the expiration date.

Last Name:	First Name:
Title:	
Department:	
Campus Address:	
Campus Phone:	Campus Email:
Sponsor Signature:	Date:
Sponsor Printed Name:	
Dean/Director Approval Signature:	Date:
Dean/Director Printed Name:	

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## SECTION 5 - Confidentiality Agreement

The undersigned (the "User"), 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.

User acknowledges that the University is subject to 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. User acknowledges his/her responsibility to become familiar with and agrees to comply with applicable legal obligations, and agrees to cause any of his/her officers, employees, agents, and subcontractors to comply with these legal obligations. User and any officers, employees, agents, and subcontractors shall also cooperate in every respect with University in its compliance activities.

User 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, , as well as University policies and regulations, and will require that its officers, employees, subcontractors, and agents comply with the same.

User warrants that he/she is capable of safeguarding any confidential information accessed or acquired. User 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. User will immediately report to University any unauthorized use or disclosure of the accessed or acquired confidential information.

User 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 User's or User's authorized representative's unauthorized use or disclosure of confidential information. This indemnification and hold harmless provision shall not apply or have force and effect if the User is an employee of the University.

\_\_\_\_\_  
Signature of User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of User

## SECTION 6 - Account Authorization *(to be completed by CIO)*

CIO Approval Signature: <i>(required for guest email and other resources)</i>	Date:
CIO Printed Name:	

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## SECTION 7 – (to Be Completed by Human Resources)

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

## SECTION 8 - Account Fulfillment (to be completed by IT)

Created	Renewal	Denied	Termination
Denial Reason:			
Termination Reason:			
Request Fulfilled by – Signature:			Date:
Request Fulfilled by – Printed Name:			
Special Notes:			

## SECTION 9 – Computer Access Requirements (to be completed by IT -- when applicable)

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

**Return completed form by:**

**Mail:** Western Carolina University, Office of the CIO, 106B Cordelia Camp Bldg., Cullowhee, NC 28723

**Fax:** (828) 227-7084

**Email:** [accountrequest@wcu.edu](mailto:accountrequest@wcu.edu)