

## Texas A&M University-Commerce Distributed File System Access Request

NAME: \_\_\_\_\_ (Print clearly!)

Campus Wide ID: \_\_\_\_\_

Network Account (CWID or LastFirst): \_\_\_\_\_

Folder Name	Type of Access	Owner Approval
	Read only <input type="checkbox"/> Read & write <input type="checkbox"/>	
	Read only <input type="checkbox"/> Read & write <input type="checkbox"/>	
	Read only <input type="checkbox"/> Read & write <input type="checkbox"/>	

**User's Statement of Responsibility:**

I agree that by requesting access I will be responsible for my account's security and understand that I may be held liable by the University if I gain or help others gain unauthorized access to the Distributed File System or the files therein.

I agree to abide by the Information Security Standards for acceptable use, Authorized Software, E-Mail Usage, Internet/Intranet Usage, Malicious Code, Network Access, Password Authentication, Portable Computing, Privacy and Security as detailed at:

<http://www.tamu-commerce.edu/TechnologyServices/InformationSecurityStandards.html>

I understand that upon termination of employee status this access will be removed.

I understand that by the virtue of my employment with Texas A&M University-Commerce, I may have access to records which contain individually identifiable information. The disclosure of certain individually identifiable information to unauthorized persons may be prohibited by the Family Educational Rights and Privacy Act of 1974, the Graham Leach Bliley Act or the Health Insurance Portability and Accountability Act. I fully understand that the intentional disclosure of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure violates A&M-Commerce policy and could constitute just cause for disciplinary action. Disciplinary action may include termination of my employment regardless of whether criminal or civil penalties are imposed.

**Signature below indicates acceptance of the Statement of Responsibility.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Technology Services Use Only**

Date Received: \_\_\_\_\_

Added by: \_\_\_\_\_ Date Added \_\_\_\_\_

"WITH FEW EXCEPTIONS, YOU HAVE THE RIGHT TO REQUEST, RECEIVE, REVIEW AND CORRECT INFORMATION ABOUT YOURSELF COLLECTED BY THIS FORM"