

# Computer Privilege Request Form Indiana University East

*Full-time Faculty Member Only*

This form is to request local run-as administrative privileges for your office computer. The option is only available to full-time faculty members at Indiana University East. Please submit the completed form with your Dean/Chair approval to the IT help desk. You will be contacted when your privileges are activated with instructions on using it. If you need assistance on completing the form, please contact IT help desk at extension 375. The request is good for one academic year (from July 1<sup>st</sup> to June 30<sup>th</sup>). A new form needs to be completed at the beginning of each academic year.

## I. General Information (To be completed by the faculty)

Academic Year	
Employee Name	
Office Number	
Phone Number	
Email Address	
Division/Dept.	
Supervisor Name	

**Important:** Faculty members with full user privileges shall be responsible for:

- Full compliance with University's security policy including installation and regular update of anti-virus software (<http://www.itpo.iu.edu/>).
- Full compliance with University's copyright policy and license agreements (<http://www.copyright.iupui.edu/>).

Special permissions must also be obtained from the Information Technology department to configure any computer systems as servers (i.e., web server, mail server, file server, account server, and application server).

Information Technology Department shall be responsible for:

- Diagnostics, troubleshoots and repairs.
- Conducting routine inspection to ensure the integrity and security of the IUE network.
- Conducting routine inspection to ensure the currency of the licenses.
- Replacing the computers as required by the life cycle policy.

A computer shall be re-ghosted, if it takes more than reasonable amount of effort, determined by the Information Technology staff, to diagnose, troubleshoot, and repair.

Violation of the policy will result in disconnection from IU East network until in compliance. All direct costs attributed to a violation of this policy shall be borne by the Division.

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Faculty Signature

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Date

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Division Dean/Chair Signature

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Date

**II. Policy Information (To be completed by IT)**

Privilege activation date	
Computer serial number	
IP address	
IT Contact Name	

**III. Support History (To be completed by IT)**

Date	Change Description

July 1, 2015