

Information Technologies
University Sponsored Access for Windows Services

Sponsoring Department: _____

University Sponsor: _____

Service(s) to be accessed: _____

Start Date: _____

End Date: _____

Purpose/Description: _____

List of Authorized Users

Name

Signature

University Sponsor's Signature:

Date:

Return to Network & Systems Services, Attn: Dave Dyar

As Sponsor, I agree to permit only authorized users to use this service. I am familiar with the Policy for Responsible Computing and have informed the authorized users about it. At fiscal year end, I assume responsibility for reviewing users authorized for this service and to remove access for individuals for whom it is no longer appropriate. Any authorized user leaving the sponsored department who should no longer have access will be removed.