

Information Security Access Agreement

INSTRUCTIONS

NEW ACCOUNTS

1. Complete the online Security Awareness Training at <https://www.nsu.edu/securityawareness/newusers>.
2. Complete Section I of this form. Check *New Account*, print your name, sign and date.
3. Complete Section II of this form. Select the appropriate access and complete any additional required forms.
4. Supervisor must print his/her name, sign and date Section II.
5. NSU Employees: forward this form to Human Resources. All others: i.e., contractors, external users, skip to 6
6. Forward a copy of your security training certificate and any other additional forms to OIT Client Services.

ALL OTHERS

1. Complete Section I of this form. Check *Account/Access Change* or *Account Termination* and print the user name.
2. Complete Section II of this form. Select the appropriate access and complete any additional required forms
3. Supervisor must print his/her name, sign and date.
4. Forward the original form to OIT Client Services.

Date: _____

First Name

Middle Initial

Last Name

As a user of Norfolk State University's central computer systems, which are operated by the Office Information Technology (OIT), I understand and agree to abide by the following terms, which govern my access to and use of the processing services of NSU.

I will not disclose information concerning the University and University personnel, including students, unless properly authorized. Access is being granted to me by OIT as a necessary privilege in order to perform authorized job functions for the department by which I am currently employed. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as log-in Ids, passwords, terminal Ids, user Ids, file protection keys or production read/write keys) for any purpose other than those required to perform my authorized employment functions.

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so by my employer, and I will not use any access mechanism which has not been expressly assigned to me.

I agree to abide by all applicable Commonwealth of Virginia, VITA, and NSU policies, procedures and standards, which relate to the security of OIT computer systems and the data contained therein.

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the information security officer and management of my department.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

Department Name: _____ **Phone:** _____

Signature: _____



OFFICE OF INFORMATION TECHNOLOGY REQUEST FORM

By completing the below information, the signator agrees to the provisions set forth by the Information Security Access Agreement on page 1.

(Please print clearly. All fields on Section II must be completed.)

Check the appropriate box below:

Section I	<input type="checkbox"/> New Account <i>(Complete Sec II and forward to Human Resources)</i>		
	Employee Name: <i>(Print)</i>	Signature:	Date:
	Mandatory Background Check verified by HR: <i>(Print)</i>	Signature:	Date:
	<input type="checkbox"/> Account/Access Change <i>(Complete Sec II and forward to Client Services)</i> User Name:		
<input type="checkbox"/> Account Termination <i>(Complete Sec II and forward to Client Services)</i> User Name:			
Comment:			

Complete in full:

Section II	Date:		Dept/Budget Number:		Phone:	
	Department/Office:			Building:		Room:
	User Name:					
	<input type="checkbox"/> Faculty		<input type="checkbox"/> Staff		<input type="checkbox"/> Vendor / Temp / Other (specify) _____ Last Date of Employment: _____	
	E-mail		E-mail		<input type="checkbox"/> E-mail <input type="checkbox"/> Electronic Lock (<i>BASIS</i>)	
	Local Area Network		Local Area Network		<input type="checkbox"/> Local Area Network <input type="checkbox"/> VPN	
	MyNSU		MyNSU		<input type="checkbox"/> MyNSU <input type="checkbox"/> Keyfile	
	Blackboard		Blackboard		<input type="checkbox"/> Blackboard <input type="checkbox"/> Other _____	
Sensitive system account Request						
<input type="checkbox"/> Colleague Financials <input type="checkbox"/> Colleague Student System <i>(You must also submit a Colleague Access Request Form found at http://www.nsu.edu/forms/#OIT)</i>						
Supervisor: <i>(Print)</i>		Signature:		Date:		
<i>Supervisors are responsible for notifying OIT and HR within 24 hours when an employee is terminated, transferred, or access is no longer needed.</i>						
For OIT use only:						
Processed by: _____ Signature _____ Date: _____ complete						