

California State University, Northridge
Departments of Kinesiology and Recreation & Tourism Management
College of Health and Human Development

Domain Account Request Form

Date: _____

Employee Name: _____

Phone Extension: _____

Employee Status (circle one): **Faculty** **Staff** **Student Asst.** **Volunteer**

Supervisor: _____
(TA(s) & Student Assistants only)

I, _____, understand that it is my sole responsibility to protect any and all password(s) provided to me from public exposure. Furthermore, I understand that my password(s) are for my individual use only and are not to be used/share with anyone. I further agree to notify IT personnel if I lose or feel that my information has been exposed to unauthorized use in order to protect department data from breach of security.

Signature

<p>Please provide the following Account Information:</p> <ul style="list-style-type: none">• Username: _____• Password: _____ (note: Password must be 6-8 characters & combination of letters and numbers)
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FOR IT PERSONNEL USE ONLY
<p><u>Account Creation</u></p> <p>Approved by: _____</p> <p>Date completed: _____</p> <hr style="border-top: 1px dashed black;"/>
<p><u>Account Termination</u></p> <p>Approved by: _____</p> <p>Date Completed: _____</p>