

Form No.:	A - 23	Effective:	03/18/12	Page #:	1 of 2
Subject:	New User				

NEW USER ACCOUNT AND IT EQUIPMENT REQUEST & RECEIVE FORM

D=-	UEOTED MANE			54555	10				
	UESTER NAME:				BADGE NO:				
POS	ITION / JOB TITLE:			DATE:					
Mail	Code:	Room number:		Building:					
	LEGE: ot applicable, kindly check the	not a	pplicable box)	□ Not	Applicable				
DEP	ARTMENT:								
MOE	ILE PHONE:			TEL:			FAX:		
Cam	pus: 🛘 Riyadh		□ Jeddah		Al Ahsa				
Have	e you ever had a KSAU-HS ac	coun	t before? □ YES	□ NO					
If Ye	s, please provide previous use	ernar	ne:						
SE	RVICES REQUIRED			R	EMARKS				
•	User Account								
•	Email Access / MS Office								
•	Blackboard Access		Online Curriculum /	Agreement Form must be signed and attached.					
			□ Author			□ Mon	☐ Monitor (only)		
			☐ Author (access all)			□ Reporter			
•	QuestionMark Access		□ Blackboard Instructor		☐ Scheduler				
			□ Blackboard TA						
•	Laptop								
8-5	EEMENT: I agree to the Intel Note: First time requesters are setor Name:					r Ägreeme			
MA	NAGER AUTHORIZATION) <u>(</u> [DEPARTMENT HEAD)						
	NAME		SIGNAT	URE	BADGI	E NO	DATE		



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Subject:	New User	Account and IT Equ	ipment Request &	Receive Form	

	E-Mail/I	nternet U		greement			
E-ma avail mail	ail Usage and Retention able on the EduTech We	Policy # POLICY bsite). I recognize to be used for of	_ETP-18-5 e and und fficial purj	Z_ETP-18-4, dated and 5, dated (Policies are derstand that the University's epose only. I understand that use ted.			
I und afore forth dura	derstand that this Intern ementioned documents a therein. I further agree	et and E-mail Usand agree to follower to abide by the with KSAU-HS. I u	age Policy w all police standard inderstand	the Internet and E-mail system, applies to me. I have read the cies and procedures that are set ds set in the document for the d that e-mail and Internet usage ce with the Policies.			
and comi assoc	including discharge nunications on the Inte	from employmernet and e-mail in the reducational	ent. I for	me to disciplinary action, up to urther understand that my AU-HS to our students, faculty, Furthermore, I understand that			
Em	Employee's Printed Name:						
Bad	ge No:	Department:					
Dat	e:	Signature:					
IF Y	TECI OU HAVE ANY QUESTIONS P	HNOLOGY SERVICES LEASE CONTACT TH CATIONAL TE	OFFICE - N E HELPDES	F YOUR BADGE TO THE CORPORATE ENC 3114 SK EMAIL helpdesk@ksau-hs.edu.sa OGY SERVICES USE ONLY			
□ APPROVED		DISAPPROVED					
COMMENTS:							
NAME:			TITLE:				

8.0 April 27. 2016 **Revision #: Supersedes:** Date:

DATE:

SIGNATURE: