

Louisiana State University Health Sciences Center

Computer Account Application

All applicants *must* complete the following: (please print)

Last Name: _____ First Name: _____ Middle Initial: _____ Prefix: _____

Place of Birth: (City, State if U.S. City, Country if not U.S.): _____

Date of Birth: ____ / ____ / ____ Sex: _____ Social Security Number: _____

Home Street: _____ Home Phone Number: _____

Home City, State, Zip: _____

☐ LSUHSC: Faculty / Staff / Student ☐ Visiting Student: Non U.S. Citizen: (Visa Status: _____)
☐ B-1 Business Visitor: (Attach Approved B-1 Application) ☐ External Affiliation: _____
☐ Visiting Student, U.S. Citizen _____

School / Department / Hospital / Agency: _____ Job Title: _____

Section: _____ LSUHSC Phone Number: _____

LSUHSC Address: _____ City, Zip: _____

By signing this application, I agree to the following:

- I acknowledge that I am accountable for all activity attributable to my logon ID. Accordingly, I will not share my logon ID and I will guard my password.
- I will use my logon ID to perform authorized activities only (i.e., to carry out employment, contract, or school-related responsibilities).
- If I abuse or gain unauthorized access to computer resources, I understand that LSUHSC may immediately revoke my computer privileges and report my conduct to law enforcement authorities.
- I understand that, upon significant change in relationship with LSUHSC (e.g., change of department/agency, job function, etc.), my access to computer resources will be subject to review and appropriate modification.
- I understand that, upon termination of employment, non-renewal of contract, or loss of active LSUHSC student status, LSUHSC may delete my logon ID and my data.
- I understand the importance of privacy and confidentiality of information and in particular patient information, student records, and employee personal data. I pledge to access and handle all sensitive data with the appropriate care and precautions.
- I will abide by CM-42, the University policy regarding appropriate use of its network infrastructure. The policy can be found at: <http://www.lsuhscc.edu/no/administration/cm/cm-42.htm>.
- I understand that LSUHSC does not guarantee the privacy of e-mail.

Signature of Applicant: _____

Date of Application: _____

Applicant's computer supporter must complete the following:

Network

Login Script: _____, Home Directory: _____

Global Groups: _____

Applications

<input type="checkbox"/> Email	<input type="checkbox"/> CLIQ	<input type="checkbox"/> PS Accounting	<input type="checkbox"/> PS Grants
<input type="checkbox"/> Citrix	<input type="checkbox"/> Lab Tracker	<input type="checkbox"/> PS Asset Mgmt	<input type="checkbox"/> PS Student
<input type="checkbox"/> Document Imaging	<input type="checkbox"/> Visual Cactus	<input type="checkbox"/> PS Purchasing	<input type="checkbox"/> PS HR
<input type="checkbox"/> Med-Solution Pharmacy	<input type="checkbox"/> DSS	<input type="checkbox"/> PS Accts Payable	<input type="checkbox"/> Kronos

☐ SMS: Sign-On TCL: _____, Group Access: _____

☐ SMSNET: TCL: _____, Group Access: _____

☐ Other: Attach Additional Documentation if necessary: _____

Supervisor Signature: _____ Print Name/Title: _____

Authorizing Signature: _____ Print Name/Title: _____

Computer Supporter's Signature: _____ Support Group: _____