

Faculty/Staff Account Request Form – WIN

SECTION 1: User Account (Required)

Name: _____

Winthrop ID Number: _____

Preferred Name: _____

Title: _____

Department: _____

Office Building\Number: _____

Office Phone: _____

Mother's Maiden Name: _____

Employment Status

Full-time with benefits? YES NO

*If "NO," user account will expire October 1st of the following year.
Extensions can be requested annually by supervisor.*

This application is for a user account in the WIN Domain. You will be responsible for protecting your interactive sessions and passwords.

- Choose a unique password that cannot be guessed.
(min 7 characters, mix numbers, letters, upper & lowercase)
- Do NOT give your password to anyone, including IT!
- Do NOT write down your password.
- Never allow anyone access to your account.
- Log out or lock your session whenever leaving a workstation.

"I am a member of the Winthrop Community. I agree to abide by the instructions above for securing my interactive sessions and passwords. I have read and understand the Winthrop University Policy on the Appropriate Use of Information Technology Resources (the AUP). I understand and accept the "Enforcement and Penalties" sections for violating the AUP."

User Signature

____/____/_____
Date

If you forget your password or believe someone has obtained your password, call x2400.

For information on safe computing practices or to view a copy of the AUP, please visit www.winthrop.edu/it

SECTION 2: Additional Options (Not required)

To request a University-related or personal web page, complete the following section:

faculty.winthrop.edu web page (Academic or research-related web pages)

If requesting a web page on **faculty.winthrop.edu**, we require the signature of your Chair or Director.

Department Chair/Director signature (for **faculty.winthrop.edu** page)

____/____/_____
Date

www.birdnest.org (Personal web pages)

Server storage space (Z: drive)

"I have read, understand, and will comply with the Winthrop University Web Policy located at www.winthrop.edu/it."

User Signature

____/____/_____
Date

Return this completed form with your valid Winthrop ID to the Technology Services Office in 15 Tillman.