ALAMO COLLEGES DISTRICT
Northeast Lakeview College

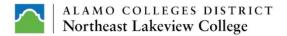|	
Procedure Number:	CS 405
Procedure Title:	Network Account Request
Relevant Board Policy:	C.1.9
Relevant SACSCOC Principle:	13.7
Originating Unit:	Information Technology
Maintenance Unit:	Information Technology
Contact for Interpretation:	Vice President of College Services

I. Purpose/Definition(s): This procedure is to define the process of requesting a new Northeast Lakeview College Network Account. This account will provide access to workstations on campus as well as the District's Intranet (AlamoShare) and the Information Technology's ticketing system (Footprints).

II. Procedure statement:

   A. Staff members requesting a new User account will complete and sign a **User account Request Form.**

   1. The form can be found in the Form section of the NLC Information Technology Sharepoint page or by accessing the following link: http://share.alamo.edu/nlc/it/Documents/Fillable-User%20Acct%20Request%20Form%20v1.3-GREEN.pdf

   2. A Supervisor or Department Sponsor signature is required before submitting this request. A form without a signature will be returned to the requestor.

   B. Completed forms must be emailed to the Help Desk (nlc-helpdesk@alamo.edu) or dropped off at the Technology Service Center (NLIB306).

   C. Once the request has been processed, log in information will be provided to the new user as well as their direct supervisor.

Attachment: User Account Request Form

Originator: Information Technology Department Managers

Date Approved:

Last Updated:

Approved: _____

Title:

ALAMO COLLEGES DISTRICT
Northeast Lakeview College

Go green

User Account Request Form

Fill out the User Account Request Form completely. Fill out one sheet per request.

Please E-mail Forms to NLC IT Help Desk @ nlc-helpdesk@alamo.edu

Department Sponsor/Supervisor/Manager Information

Full Name: _____   _____   _____
                  Last   *First*   *M.I.*

Telephone: _____   Extension: _____

E-mail Address: _____

Position/Title: _____

Department: _____

Building/RM#: _____

Does the New User require Department Drive Access: Yes ☐ No ☐
(IF YES, please provide the **name of the drive** not letter. Example Only: FPA Division Team)
Video Guide: https://youtu.be/1jgw5ejX-pQ

Department Drive Name: _____

Please note that providing access to a department drive will give the new user write access which will allow modification of all data inside each requested drive.

Employee Information

Full Name:

_____   _____   _____
         Last   *First*   *M.I.*

Building/RM#: _____

Department: _____   Campus: _____

Title: _____

Telephone: _____   Extension: _____

ACES ID: _____   BANNER ID: _____

Faculty: ☐   Full/Part Time Staff: ☐   Work Study: ☐

Adjunct Faculty: ☐   **(Non-District) Temp Staff: ☐   **Vendor: ☐

** These users require a *Non-Employee Security Agreement*. Click HERE to access form digitally.
If a physical copy of *Non-ESA*, please request one from nlc-helpdesk@alamo.edu
**Please submit an expiration date for these accounts according to contract terms: EXP: _____

Authorization

_____   _____
Supervisor/Manager/Sponsor   *Date of Request*

_____   _____
NLC IT Help Desk Representative   *Date of Completion*