

Select change: Name Email Quota Central UNIX Quota Other

Requestor Information

Name: _____ Email Address: _____
Phone: _____ Cal Poly ID: XXX-XX-_____

Account Being Updated

Same as above
 Department
 Email Address: _____
 Department Librarian: _____ Phone: _____
 Resource Calendar
 Resource Calendar Name: _____ Resource Calendar Owner Name: _____

Fill in this portion for a requested name change

Old Full Name (Print): _____ Old User Name: _____
New Full Name (Print): _____ New User Name will be automatically assigned.
Reason for Request: _____
 I have requested this change in Human Resources or Student Records

Requested UNIX or Email Quota Changes **

Describe Account Enhancement Being Requested:

Oracle Email Central UNIX
Total megabytes of disk space desired value: _____

**** Cal Poly is not currently billing for this service, but it may begin doing so in the future. Please be sure to complete Page 2 of this form. For more information about Enhanced Accounts visit:
http://servicedesk.calpoly.edu/accounts_passwords/accounts/enhanced.html**

Enhanced Email Accounts:

* Quota Increase of 100MB: - \$30 (one-time setup cost) - \$40/year Maintenance Charge	* Quota Increase of 250MB - \$75 (one-time setup cost) - \$40/year Maintenance Charge	* Additional 250MB block - \$75/Block (one-time setup cost) - \$20/year Maintenance Charge per 250MB block
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Enhanced UNIX Accounts

* Quota Increase of 200MB: - \$40 (one-time setup cost) - \$40/year Maintenance Charge	* Quota Increase of 500MB - \$100 (one-time setup cost) - \$40/year Maintenance Charge	* Additional 500MB block - \$100/Block (one-time setup cost) - \$20/year Maintenance Charge per 250MB block
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Other Account Change (Please Describe)

***** Additional required information on Page 2. *****

***** Be sure to fill out all information on Front and Back of this form. Thank you! *****

Certification of Use

I certify that the requested resource/service will be used for purposes consistent with the missions of the California State University and Cal Poly, and in accordance with all applicable University policies and State and Federal Laws. I acknowledge that unauthorized use of information technology resources may incur civil and/or criminal penalties and result in disciplinary action and loss of access. I accept responsibility for reading, remaining updated, and abiding by Cal Poly's Responsible Use Policy located at <http://security.calpoly.edu/policies>.

Account User Signature: _____ **Date:** ____/____/____

By agreeing to sponsor this user account, I accept responsibility for ensuring that the user is aware of the consequences of not using the account for purposes consistent with Cal Poly's mission and in accordance with University policies and applicable State and Federal laws (see <http://security.calpoly.edu/policies> for more information). And agree to report any misuse of which I become aware.

Instructor/Sponsor Signature: _____ **Date:** ____/____/____

This form may be mailed via campus mail to the ITS Service Desk, Building 14 room, 114 or faxed to (805) 756-1536. Questions? Contact the ITS Service Desk at servicedesk@calpoly.edu or (805) 756-7000

Project Description:

Sponsor Information:

Name: _____

Department: _____ Phone: _____

Reimbursable Account Information:

Fund: _____ Dept ID: _____ Acct: _____

Program: _____

Grant/Project: _____

Class: _____

Org Key: _____

Object Key: _____

Signature: _____ Date: ____/____/____

Print Name: _____ Title: _____
Project Director, Dean or Department Head

Cal Poly, SLO Information Technology Services Office Use Only

Campus Approval: _____ Date Processed: ____/____/____

ITS Approval: _____ Date Processed: ____/____/____

Remedy Case ID: _____ Processed By: _____ Date Processed: ____/____/____

User Login: _____ Mailed: ____/____/____ Called to Pickup: ____/____/____

Creator's Initials: DAB Sup's Initials: TOB File Pathname: V:\its\USS\Service Desk\Public\Forms Last Updated: 03/05/2007