

Select Change: Name Email Quota Central Unix Quota Other

Requestor Information

Legal Name: _____
First
Middle
Last
Suffix

Cal Poly Username: _____ Phone #: _____

Account Being Updated

Same as above.

Department

Email Address: _____

Department Librarian: _____ Phone #: _____

Resource Calendar

Resource Calendar Name: _____

Resource Calendar Owner Name: _____

Department Name: _____

Phone #: _____

Fill in this Portion for a Requested Name Change

Full Name: _____ Old User Name: _____

New Full Name: _____ **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:

Email Central UNIX

Total megabytes of disk space desired: _____

** Cal Poly is not currently billing for this service, but may begin doing so in the future. 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

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

Other Account Change (Please Describe)

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:** (____/____/____)

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: _____

This form may be mailed to the ITS Service Desk (Bldg 14, Rm 114) or faxed to 756-1536

Cal Poly SLO Information Technology Services Office Use Only

Campus Approval: _____

ITS Approval: _____

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

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