



Select Systems:

CAL POLY DIRECTORY ONLY

EMAIL \*\*\*

UNIX

OTHER\*\*\* \_\_\_\_\_

**Blackboard: (All Affiliate Persons automatically receive a blackboard request)**

Visit [http://servicedesk.calpoly.edu/forms/comp\\_forms.html](http://servicedesk.calpoly.edu/forms/comp_forms.html) for addition account request forms

\*\*\* If chose, a Reimbursable Account section must be completed.

### State Reimbursable Account Information

For cost information visit [http://servicedesk.calpoly.edu/accounts\\_passwords/accounts/sponsored.html](http://servicedesk.calpoly.edu/accounts_passwords/accounts/sponsored.html)

Fund: \_\_\_\_\_

Department ID: \_\_\_\_\_ Account: \_\_\_\_\_

Program: \_\_\_\_\_

Grant/Project: \_\_\_\_\_

Class: \_\_\_\_\_

I confirm that I have signature authority and I accept responsibility for departmental billing and for ensuring appropriate use of Cal Poly's information technology resources, as specified in the Information Technology Resource Responsible Use Policy (RUP) at <http://security.calpoly.edu/policies/>

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

*Department Head or Administrator*

### Foundation Reimbursable Account Information

For cost information visit [http://servicedesk.calpoly.edu/accounts\\_passwords/accounts/sponsored.html](http://servicedesk.calpoly.edu/accounts_passwords/accounts/sponsored.html)

Org Key: \_\_\_\_\_

Object Key: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

*Project Director, Dean, or Department Head*

### Cal Poly SLO Information Technology Services Office Use Only

SRS Case ID: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

User Login: \_\_\_\_\_ Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Called to Pickup: \_\_\_\_/\_\_\_\_/\_\_\_\_