

# **GRADUATE ASSISTANT INFORMATION TECHNOLOGY RESOURCES USAGE AGREEMENT**

## **E-Mail, Network Account and Voice Mail**

I agree to use the College's facilities and resources according to the terms and conditions set forth in the Information Technology Resources Policy and, in the Faculty and/or Employee Handbooks. I understand that I am accountable for all activities performed using my login ID, and that I must not disclose my password(s) to anyone. I further understand that the College may suspend my privileges and proceed with disciplinary procedures should my conduct be in violation of this or other policies and regulations.

My signature acknowledges that I have read the above and that I have received a copy of the Information Technology Resources Usage Policy.

**PLEASE PRINT LEGIBLY**

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

Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Telephone Ext: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**E-MAIL ACCOUNT INFORMATION WILL BE SENT TO YOU THROUGH CAMPUS MAIL. NETWORK ACCOUNT INFORMATION WILL BE SENT TO YOU THROUGH YOUR E-MAIL.**