



VIRGINIA STATE UNIVERSITY

VENDOR/GUEST ACCOUNT REQUEST FORM

APPLICANT INFORMATION (PRINT CLEARLY)

Full Name (Last, First, Middle Initial)	Title
_____	_____
Email Address	Telephone Number
_____	_____
Company Name	Company Location
_____	_____
Supervisor Name	Supervisor Telephone Number
_____	_____
Duration of Access (REQUIRED): Start Date _____ End Date _____	
Reason for Access: _____	

ACCOUNT(S) REQUESTED

Type of Account	New	Modify	Remove	Description
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VSU Network (AD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wireless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VPN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECURITY IDENTIFIER

This identifier is used as a security measure to verify your identity for account change requests. The VSU Help Desk personnel will ask for your security identifier and it must match the information that you provide below before they can make any changes to your accounts. Please answer **one** of the following three questions:

Pet's Name _____ City Born In: _____ Street Name: _____

AUTHORIZATION

By signing this form, you agree to comply with the VSU Password Policy (6002), Acceptable Use Policy (6000), Network Monitoring Policy (6004) and related Commonwealth of Virginia Regulations. Failure to adhere to these policies may result in suspension of computer access privileges.

Signature of Applicant Date

Signature of VSU Department Head or Manager Date
(Department that Guest or Vendor is working with)

Completed form may be faxed to 804-524-5228, or hand-delivered to OIT in Library, B46.