



VIRGINIA STATE UNIVERSITY

VENDOR ACCOUNT REQUEST FORM

APPLICANT INFORMATION (PRINT CLEARLY)

Instructions available at <http://www.vsu.edu/technology-services/forms.php>

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	Additional Information
Email	<input type="checkbox"/>	<input type="checkbox"/>	
VSU Network (AD)	<input type="checkbox"/>	<input type="checkbox"/>	
VPN	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

AUTHORIZATION

By signing this form, you agree to comply with the VSU Password Management Policy (6320), Acceptable Use Policy (6115), IT Security Policy (6110) and all other related University and Commonwealth policies. VSU Policies are available on the VSU website (<http://www.vsu.edu>). **If this form is not fully completed with all approval authorizations, this will delay processing of your account request until the form is fully completed.**

Vendors are required to provide proof of a recent successful background investigation.

Applicant Signature: _____ Date: _____

VSU Department Manager Name (PRINT): _____

VSU Department Manager Signature: _____ Date: _____

System Owner Name (PRINT): _____

System Owner Signature: _____ Date: _____

Completed form may be faxed to 524-5228, mailed to Box 9090, hand-delivered to Room B45 in Johnston Memorial Library, or emailed to ITAccountServices@vsu.edu.