IT Services Remote Access Account Application
University of Kansas
School of Medicine - Wichita

Name: _____ ___ _____
First MI Last
Department: _____ E-Mail Address: _____
Affiliation: (circle one)
Faculty Volunteer Faculty Student Resident Staff Other affiliate

Work Address: Home Address:
_____ _____
_____ _____
Phone #: _____ Phone #: _____

Policy:
These services are provided to enable the authorized account holder to access University resources and are intended to be used solely for this purpose and ONLY by the account holder. Support will only be provided to the holder of the account. Your userid and password should not be shared with anyone and doing so is cause for revoking your use of these services.

All policies related to appropriate use of university resources apply to their use through remote access as well and the user is responsible for being aware of and following these policies. The policies are located on our website at http://wichita.kumc.edu/nts/policies . By signing this application you are acknowledging that you are aware of and agree to follow these policies.

For general Internet browsing and use unrelated to the business of the medical school we recommend you use an alternate account with an external Internet Service Provider.

_____ _____
Signature of authorized account holder Date

Account authorized by: _____
(Signature required)

Please provide information about the computer you will use:
Operating System: (circle one)

Windows XP Home Windows XP Professional

Windows Vista: (circle version) Ultimate Home Basic Home Premium Business

Current anti virus software is required. McAfee is available at no cost if needed.

Current personal firewall is strongly encouraged. Some suggestions are:

Black Ice Zone Alarm McAfee Symantec Windows Firewall

Purpose of remote access:
_____
_____