



OAKWOOD UNIVERSITY EX ACCOUNT REQUEST FORM

Name: _____ **ID Nbr** _____

Department: _____

Email Address: _____

Phone: _____ **Specific Duties:** _____

Person being replaced: _____

Signature of Department Head: _____

Confidentiality Statement:

- (1) THIS USER ACCOUNT WILL GRANT ME ACCESS TO INFORMATION THAT IS SENSITIVE AND/OR PROTECTED BY LAW. I UNDERSTAND THAT I HAVE BEEN PROVIDED ACCESS TO THIS INFORMATION FOR THE SOLE PURPOSE(S) OF PERFORMING MY DUTIES.
- (2) TO MAINTAIN THE INTEGRITY OF THE SYSTEM, I WILL NOT SHARE THIS ACCOUNT INFORMATION WITH ANYONE AND WILL COMMIT MY PASSWORD TO MEMORY.
- (3) IN THE EVENT THAT THE SECURITY OF MY USER ACCOUNT IS COMPROMISED, I WILL NOTIFY THE SYSTEM ADMINISTRATOR IMMEDIATELY. FAILURE TO PROTECT MY USER ACCOUNT COULD RESULT IN LIMITED OR TERMINATION OF ACCESS.