

## **Technology Center Technical Services Request**

\* requestor must already have a my mcc userid see Human Resources Office, if you need one

## **Request Checklist:**

- PLEASE PRINT CLEARLY. Form will be returned to sender if it is not legible, causing a delay
- Include first, middle, and last name for Employee Name
- Supervisor's name and signature are mandatory
- Read and sign the form. Retain a copy for your records
- Return to: Technology Center, Lowell Campus/City Building
- You will receive notification when service(s) become available

CHECK ALL THAT APPLY:			······
☐ Faculty ☐ Staff ☐ Work Study	☐ Tem	☐ Temp, Expiration Date:—(1 year max.)	
☐ Full-Time ☐ Part-Time	Proje	Project or Group:	
Employee Name:	my mcc useri	d:	E-mail:
Title:			Phone:
Department:	Supervisor Name:		
REQUESTI	ED ACCESS (c	heck all that apply)	
☐ MIDDLESEX EMAIL	[	☐ SARS-GRID – Loca	ation:
☐ NETWORK ACCESS			
Network Share Folder Name(s):		I REMOTE ADMIN	ISTRATIVE ACCESS
Read OnlyRead/WriteFull (Read/W			
□ BLACKBOARD	[	☐ OTHER:	
□ Change my mcc userid  Note: Access to BANNER administrative systems of			
requesting access. The request must be accompliance with this agreement, applicable state law.	or access should be eils@middlesex.ma Mary Emerick" en ehegej@middlesex.  REQUEST and any equipment is or any MCC computer ord a secret and will enputer systems will enputer systems will formation stored in es, and regulations of the eigenvalue o	sent to the following:  ass.edu merickm@middlesex.massmass.edu  OR  ssued to me. The my mcc user system is authorized for all not leave my computer und be held in strict confidentiation of access as well as apparany of its computer system of the Board of Higher Edu	serid provided to me is not the purpose of performance of nattended while I am logged onto iality except when its upt to interrupt or damage the propriate legal action. MCC as for the purpose of insuring ucation.
Signature:		Date:	
SU I approve of the requested access. I understand that I MCC or the requester no longer requires the approve			es Office if the requester leaves
Supervisor's Signature:	Date:		
FOR TEC	CHNOLOGY CET	NTER USE ONLY	
Employee's my mcc userid:	Date Create	ed: Cre	eated By:
Supervisor Notified:	Comments:		

Equipment Description: Serial Number:

acctreq6.doc Rev: 03/08/07