

Customer Web Interface Account Request Form

Instructions

Please use the following form to add, change, or delete access to the Communications and Network Service's web billing and order system. Please provide as much information as possible to help expedite your request. For new users or user changes, check the appropriate screen access for the employee. Users will be notified via e-mail of their new login username and related information.

A * denotes required information

Request Type

*** CHECK ONE:**

Add New User

Delete User

Change User Access

User Information (required for add/change)

* **Current User ID** (required if change or delete)

* **Last Name**

* **First Name**

MI

* **UK ID #**

* **Email Address**

Campus **Address:**

City

State

Zip

Speed Sort

* **Phone**

Fax

Access Details

***Please list all Department numbers for which you are requesting access, as well as the type of access** you are requesting. The maximum number of allowed Departments is currently 20.

	Departmental Usage (Telephone Billing)	Order and Trouble Requests	Both	Add	Remove
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorization

I certify that all information obtained by accessing the Communications online systems will be used only for job related purposes and will not otherwise be disclosed.

_____ Date:
 *User's Signature

*Name (print):

_____ Date:
 *Dean/Director/Dept Head Signature

*Name (print):

_____ Date:
 *Area Security Representative

*Name (print):

Please mail/fax completed form to:
 Communications & Network Systems Business Office
 04 PKS #2
 Attn: Billing Coordinator
Fax: (859) 323-9000

FOR INTERNAL USE ONLY

Received By:		Web Account Created By:	
Received Date:		Web Account Create Date:	
System Roles Created By:		Authentication Method:	<input type="checkbox"/> <input type="checkbox"/> UConnect (LDAP) Standard
System Create Date:		Notification Sent:	