

Affected systems: EMAIL, CALENDAR, AND MY CAL POLY PORTAL. For a complete list of systems that use the Cal Poly Password, visit http://servicedesk.calpoly.edu/computing_support/faq/password.html#systems.

Requestor Information

- 1. Requestor's Name: _____ 2. Phone: _____
- 3. Requestor's Department: _____
- 4. Cal Poly Email Address: _____

Account Type

- Faculty
 Staff
 Department*
 Affiliated/Sponsored
 Project
 Other** _____

* Password changes for Department accounts must be requested by the Department Librarian

** Request Club password changes with the form at: http://servicedesk.calpoly.edu/forms/pdf/club_account_form.pdf

A temporary password will be generated for you. This password must be reset by the account owner within 7 days. If the password is not reset within 7 days, you will not be able to access services. Passwords are managed in the My Cal Poly Portal under the Personal Info tab. For complete instructions visit: http://servicedesk.calpoly.edu/my_cp_support/password_help.html.

Certification of Use

I certify that the requested resource/service will be used for purposes consistent with the missions of the California State University and Cal Poly, and in accordance with all applicable University policies and State and Federal Laws. I acknowledge that unauthorized use of information technology resources may incur civil and/or criminal penalties and result in disciplinary action and loss of access. I accept responsibility for reading, remaining updated, and abiding by Cal Poly's Responsible Use Policy located at <http://security.calpoly.edu/policies>

Account User Signature: _____ **Date:** ____/____/____

By agreeing to sponsor this user account, I accept responsibility for ensuring that the user is aware of the consequences of not using the account for purposes consistent with Cal Poly's mission and in accordance with University policies and applicable State and Federal laws (see <http://security.calpoly.edu/policies> for more information). And agree to report any misuse of which I become aware.

Instructor/Sponsor Signature: _____ **Date:** ____/____/____

Check this box if you want the account information returned to your department office via campus mail.

This form may be mailed via campus mail to the ITS Service Desk, Building 14 room, 114 or faxed to (805) 756-1536. Questions? Contact the ITS Service Desk at servicedesk@calpoly.edu or (805) 756-7000

Cal Poly, SLO Information Technology Services Office Use Only

SRS Case ID: _____ Processed By: _____ Date Processed: ____/____/____

User Login: _____ Mailed: ____/____/____ Called to Pickup: ____/____/____