



Nueta Hidatsa Sahnish College PO Box 490/220 College Drive New Town, ND 58763

Phone: 701-627-8056 aakpabio@nhsc.edu

# E-MAIL NETWORK REQUEST FORM

All students must be registered for at least one course at NHSC before submitting this form to the Technology Department. A schedule will be required with this form to verify ID number. All new and returning students MUST complete this form to create, delete, or change an account for the Nueta Hidatsa Sahnish College E-mail/Network Access. Please complete this form and return to Technology Department at: <a href="mailto:aakpabio@nhsc.edu">aakpabio@nhsc.edu</a> and <a href="mailto:helpdesk@nhsc.edu">helpdesk@nhsc.edu</a>. This is a request to: 

Add New User 

Delete User 

Change User Account Name (Current Username: Please check: 

I have registered for class (Please attach a copy of your official schedule). **STUDENT INFORMATION (Please print clearly with ink)** Student ID: Student Name: Home Phone #: \_\_\_\_\_ Date: \_\_\_\_\_ Semester Term & Year: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Status: \_\_\_\_\_Full-Time \_\_\_\_\_Part-Time Major: Campus: ACCOUNTS ARE SUBJECT TO THE FOLLOWING REGULATIONS Your account will be disable when you exit (leave the college) or if not used within 180 days. Files from disabled accounts are only kept for one semester and then deleted. You must reapply for new access.

## Please read the information on page 2 of this form.

You are required to sign this statement before receiving an email/network account. Completed forms may be returned to the Technology Department or mailed to PO Box 490, New Town, ND 58763

## \*\*ORIGINAL DOCUMENT MUST BE SENT TO THE TECHNOLOGY DEPARTMENT\*\*

Technology Department Use Only:					
NHSC Student ID: Email-Network Userna Student is registered for course (s) forsemester Date Issued:					

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### ACCEPTABLE USE POLICY OF INFORMATION TECHNOLOGY RESOURCES

This acceptable use policy governs the use of computers and networks by all persons at Nueta Hidatsa Sahnish College (NHSC). As a user of these resources, you are responsible for reading and understanding this document. If you have questions, please contact the Technology Department at (701) 627-8056. NHSC encourages the use and application of information technologies to support the research, instruction, and public service mission of the institution. NHSC computers and networks provide access to resources on and off campus, as well as the ability to communicate with other users worldwide. Such open access is a privilege and requires that individual's users act responsibly. Users must respect the rights of other users, respect the integrity of systems and related physical resources, and observe all relevant laws, regulations and contractual obligations.

#### Terms and Conditions of Use:

- The primary purpose of electronic systems and communications resources is for College-related activities.
- Users do not own accounts on College computers, but are granted the privilege of exclusive use.
- Users may not share their accounts with others, and must keep account passwords confidential.
- Each account granted on a NHSC system is the responsibility of the individual who applies for the account. Groups seeking accounts must select an individual with responsibility for group accounts.
- NHSC cannot guarantee that messages or files are private or secure. NHSC may monitor and record
  usage to enforce its policies and may use information gained in this way in disciplinary and criminal
  proceedings.
- Users must adhere strictly to software licensing agreements and copyright laws.
- When accessing remote systems, users are responsible for obeying the policies set forth herein as well as polices of other organizations.
- Any violation of this policy or local, state, or federal laws may be referred to appropriate NHSC offices and/or, as appropriate, law enforcement authorities.

Misuses of NHSC computing, networking, or information resources may result in the immediate loss of computing/or network access, and may lead to further disciplinary action as well.

## STATEMENT OF AGREEMENT

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Signature:	Date:			
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Print Full Name:				