



BASIC NETWORK ACCOUNT & ACCESS REQUEST

NETWORK ☐

*FILE SHARE ☐

EMAIL ☐

WEBADVISOR ☐

*COLLEAGUE ☐

*PHONE ☐

SHAREPOINT ☐

HERSHEY ☐

**note: Phone and file share requests are continued on back. Colleague access requests require an additional form*

Information from this form will be used to populate your web directory employee information

First: _____ *₁ Last: _____ *₁ Colleague ID# : _____

____ Classified (position title): _____ Room: _____

____ Full-time Faculty (position title): _____ Dept: _____

____ Adjunct faculty *₂ Division: _____

____ Part-time/Hourly Phone: _____
(campus extension)

Notification Contact Info (email/phone) : _____

If this is a temporary employee, select an end date for the position: January 15th ☐ July 15th ☐

¹ First and last name must be your legal names

² Adjunct faculty accounts must be extended each semester via dept./division chair request

- I understand that NVC is not responsible for content found, read, downloaded, transferred, or otherwise manipulated on the Internet.
- I agree not to use this network for fraudulent and/or illegal activities under applicable local, state, and federal laws.
- I agree not to use any software, tool(s), and/or any other means to violate NVC network system integrity.
- I agree not to use the NVC network to transmit, upload or download commercial software of any kind without the express permission of the copyright holder.
- I agree I will not put excess load or exceed allotted account storage space on the NVC system.
- I agree I will be the only person using this account. I will not share my password.
- **I will not store personal data (music, pictures, videos) on the network.**
- I agree to not hold Napa Valley College, its employees, or contractors responsible in the event that my account should become inaccessible or my files or data become damaged or destroyed.

I understand and agree to use my account consistent with Napa Valley College Internet use guidelines, computer communications technology use regulations and other district policies. Any violation of the above terms and conditions will result in the immediate cancellation or suspension of my account with NVC.

End User Signature: _____ Date: _____

Supervisor Approval – Print: _____ Phone: _____

Sign: _____ Date: _____



TELEPHONE ACCOUNT AND FILE ACCESS REQUEST

Telephone Service Request (Applies to permanent employees only)

Name: _____

Dept.: _____ Job Title: _____

Current Room: _____ Current Phone Number: _____

Phone Service(s) Requested:

Personal Extension ☐

Rename Existing Extension ☐

State Wide Calling ☐

Long Distance Dialing* ☐ Area Codes Requested: _____

*V.P. Approval Required : _____

Signature

Voicemail Service Request

Request new voicemail box for phone listed above ☐

Request name change to existing voicemail box ☐

Department Intranet and Folder Share Access Requested:

Intranet Access ☐ Department Folder Share Access ☐

Department Head Approval: (Print/Sign) _____

Dept. Name: _____

Folder path: _____

Department Head Approval: (Print/Sign) _____

Dept. Name: _____

Folder path: _____