

## Memorial University Non MUN Employee Application and Renewal for IT Services

This form is required to apply for the indicated IT service(s) at Memorial University. Applications will be reviewed on a case-by-case basis at the time of request and renewal. By submitting this form you are agreeing to adhere to the Non-MUN employee terms of confidentiality and security agreement.

Please email the completed form to the ITS Service Desk at [help@mun.ca](mailto:help@mun.ca).

Sponsoring Department: _____		Telephone: (____) _____	
		Office	
Sponsor Name _____			
Last Name	First Name	Title	
E-mail address: _____		Telephone: (____) _____	
		Mobile	
Non Mun Employee Name: _____		Memorial Affiliation: _____	
Requesting Services:			
Email <input type="checkbox"/> File Share <input type="checkbox"/> Wireless <input type="checkbox"/> Remote Access <input type="checkbox"/> MEE encryption <input type="checkbox"/>			
Date Requested: _____		Expiry Date: _____	
<p><b>Applications for access to ITS services by non MUN employees must be signed by a department authority (Department Head, Director, etc). Sponsored clients are required to complete and sign the undertaking of Confidentiality and Security for Non-MUN Employees form located on the reverse side of this form.</b></p>			
Reason for access:			
_____			
_____			
_____			
_____			
Sponsor Signature: _____		Date: _____	
_____		Date: _____	
Head/Dean/Director's Signature of Approval:			

The information requested in this form is collected under the authority of the Memorial University Act (RSNL, 1990 Chapter M-7) and is needed to process your application for the requested ITS services. Information collected will solely be used to administer the requested services and it will not be disclosed except as authorized by law. If you have any questions about the collection or use of this information, please contact the IT Services Service Desk at (709) 864-4595.

### To be completed by IT Services:

Non MUN Employee: \_\_\_\_\_ MUN Username: \_\_\_\_\_

Activation Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_