LANGSTON UNIVERSITY

PERSONALIZED USER ID FORM

Once the Office of ITS (Page Hall 205) has obtained this form with **ALL** the required signatures, please allow two (2) days for processing. Use of this computing service governed by applicable Federal and State statues, the policies of Langston University and Information Technology Services (Computer Center). **Misuse or abuse of this computing system may make you subject to University disciplinary actions and criminal penalties**.

☐ **Main Campus**   ☐ **OKC Campus**   ☐ **Tulsa Campus**   ☐ **Other**

Today's Date: _____   **Extension/Phone Number:** _____

Name **(Please Print)**

First	**Middle**	**Last**

Department: _____   **Building:** _____   **Room #:** _____

Employee Being Replaced: _____

Indicate service(s) desired:

SERVICE REQUESTED	NEW	MOVE	FROM	TO	COMPLETED ON/BY (ITS use only)
Phone Auth Code					
Phone LD Code					
Voice Mail					
Admin. System (SCT)*					
Campus Network					
E-Mail Service					

*Please fill out the SCT form on the back

An ID will be generated for you using your first name initial, middle initial and last name. **CHANGING YOUR ID AT A LATER DATE WILL NOT BE POSSIBLE.** An ID will be 3-12 characters in length. Your ID (or username) will be known by others; it is not your password. It will be the first part of your e-mail address as well as your login name. Your personalized ID will be used throughout your stay at Langston University.

Special written instructions: _____

Signature: _____   **Date:** _____

AUTHORIZATION SIGNATURE

ALL SIGNATURES REQUIRED:

_____   _____

Department Head Signature (*I UNDERSTAND AND AGREE THAT I WILL NOTIFY ITS OF ANY TERMINATIONS*.)   **Date**

_____   _____

Vice President's Signature   **Date**

PLEASE RETURN THIS FORM TO ITS IMMEDIATELY AFTER SIGNING.

PLEASE PROTECT YOUR PASSWORD BECAUSE IT INSURES THAT ONLY YOU HAVE ACCESS TO THE FILES FOR THE USER ID.

SCT ACCESS REQUEST FORM

Please (X) Option(s):	Insert Screen Profile Number:		Please (X) action requested:			
SIS – Records	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	
SIS – Admissions	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	
SIS – Bursar	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	
SIS – Financial Aid	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	
SIS – Housing	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	
SIS – Advisor	Academic		**ADD**	**MOVE**	**DELETE**	
SCT Web – Faculty	Academic		**ADD**	**MOVE**	**DELETE**	
FRS	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	
HRS	Screen Profile Number		**ADD**	**MOVE**	**DELETE**	

To request access to any area, you must obtain the **signatures from the department head of the area responsible** for the service.

Registrar's Office (Dept. Head)

_____
Signature   Date

Admissions Approved (Dept. Head)

_____
Signature   Date

Bursar Approved (Dept. Head)

_____
Signature   Date

Financial Aid Approved (Dept. Head)

_____
Signature   Date

Housing Approved (Dept Head)

_____
Signature   Date

Financial Records Approved (Dept. Head)

_____
Signature   Date

Human Resources Approved (Dept. Head)

_____
Signature   Date

Academic Approved (Dept. Head)

_____
Signature   Date

If you are a new SCT user, please allow five (5) working days to receive your operator ID (OP ID).

CONFIDENTIALITY AGREEMENT

SIS contains confidential information about students, prospective students and employees of Langston University. Federal regulations require that it remains confidential and its use is restricted to need-to-know basis. Information contained in SIS should not be released to sources outside of Langston University or to co-workers unless such is part of the employee's job description. Personal use of SIS is not permitted. Identification numbers, operator ID's and passwords are considered confidential information and are not to be released to anyone, including co-workers. Writing a user identification number, ID and/or password on a readily accessible location shall be considered release of this information and is not permitted.

I have read and understand the above information and agree to comply with the policies contained in this agreement. I understand failure to comply can result in disciplinary action, including loss of access privileges or termination.

_____   _____
User Signature   **Date**