

Admin Rights Request Form

Computer Identification #: _____ Computer Type: Mac: LT ___ PC: LT ___
DT ___ DT ___

I, the undersigned, understand that the Division of Information Technology is staffed to provide standard, desktop-computing services. The nature of my work requires that I deviate from what Information Technology provides in terms of standardized desktop configuration. By signing this document, I agree to the following conditions:

- I will assume primary responsibility for the support of the personal computer issued to me by the college and will not rely upon the MSCD Help Desk for software support. Information Technology will continue to provide basic hardware warranty support. In the event of a catastrophic failure of the computer or hard drive, IT will restore the hard drive using the most recent version of the standardized desktop image.
- I will operate and maintain this computer in full compliance with all college policies and procedures including Responsible Use of Information Technology Resources, Encryption of Confidential Data Policy, and Network Security Policy for Metropolitan State College of Denver, BANNER Security Policy, Copying Computer Software, and other related policies.
- This computer will not be used to store or transport any personal or financial data that is considered confidential as defined by Federal or State laws, or by college policy. Other data of a sensitive nature will be stored encrypted using standard encryption software.
- I understand that I am responsible for backing up data, files and email I may have stored on the computer prior to requesting the re-imaging process.
- At any time, I may annul this exemption request by having Information Technology re-install the standardized suite of software.
- Failure to comply with these policies may result in one or more of the following actions: a) suspension of access to the network for the individual violating the policy, b) when appropriate, disciplinary action ranging from warning to termination and (for students) expulsion from the College, depending on circumstances, in accordance with applicable policies and procedures, c) when appropriate, initiation of civil or criminal proceedings.

Date: _____ Phone Ext: _____

Department: _____ User's Login Name: _____

User's Name: _____ Signature: _____
(print)

Supervisor's Name: _____ Signature: _____
(print)

Dean or VP's Name: _____ Signature: _____
(print)

IT CIO Signature: _____ (needed for staff approval)

Complete by IT: Employee _____ Date Completed: ____/____/____
