racerVision

USER ACCOUNT REQUEST FORM

Information Systems
Fax to: 270-809-3676
Service Desk: 270-809-2346
Email: msu.racervision@murraystate.edu

Date: ___/___/___ College/Department Name: _____

User's Name: _____ Office Address: _____

University Phone: _____ Email: _____

CHECK DESIRED ACCESS LEVEL.

☐ Content Approver – Approves content on behalf of other users.

☐ Content Creator – Creates content to be displayed.

☐ Content Administrator – Creates and Approves content for to be displayed.

Please list the channel player(s) and/or playlist(s) to be assigned to this account.

_____

_____

USER SIGNATURE

Important- Read Before Signing

University Information technology resources are provided to faculty, staff and students for the purpose of study, research, service and other work -related activities. Access to information technology resources is granted to an individual by MSU for that individual's sole use, which use must be in the furtherance of the mission and purpose of the University. Information technology resources must be shared among users in an equitable manner. Please see the racerVision Acceptable Use Policy for specific details. Policy available online at http://racernet.murraystate.edu/racervision

Signature on an account application form, acceptance of a User ID, or registration on line denotes that the applicant has read and understands the guidelines available and also denotes acceptance of the above-stated terms of use.

User's Signature: _____ **Date:** ___/___/___

REVIEWED BY SUPERVISORY/DEPARTMENT HEAD

_____ _____ ___/___/___
Name (please print) *Signature* *Date*

COMPLETED BY INFORMATION SYSTEMS

_____ _____ ___/___/___
Name (please print) *Signature* *Date*