



# SANTA CLARA UNIVERSITY

## Information Services Affiliate Account Request

### Who is the SCU employee sponsoring this account?

Name*	
Title*	
Department*	
Phone Number*	
Email Address*	
Alternate Sponsor Name Email Address	

As the account sponsor, you understand that:

- The person using the account is subject to all SCU policies, including [SCU's IT policies](#), and that their SCU account may only be used to conduct official University business. They will agree to these terms with their signature below. Failure to comply will result in account closure.
- This form is to request access to electronic resources; for physical access, please follow [the process from Auxiliary Services](#).
- The account will be authorized for at most one year; after that it can be renewed annually if requested by the sponsor.
- As the account sponsor, your responsibilities are to:
  - Keep a record of the accounts you sponsor.
  - Request timely renewal for accounts that need to remain open after their expiration date.
  - Request timely account closure when the account is no longer needed.

Required fields are marked with an asterisk.

To request an affiliate account, send this completed form via email to the [Technology Help Desk](#). To renew or close an affiliate account, the account sponsor should send their request via email to the [Technology Help Desk](#).



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## Information Services Affiliate Account Request

### Who will be using this account?

Name*	
Non-SCU Email Address*	
Non-SCU Phone Number	
Start Date*	
Expiration Date* (maximum one year)	
Existing SCU EMPLID, Username/Email, or ACCESS Card ID Number (if any)	
Reason*	<input type="checkbox"/> Contractor or Consultant (for affiliates not in Workday) <input type="checkbox"/> JRC or JST Resident <input type="checkbox"/> Research Affiliate <input type="checkbox"/> Trustee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify):
Electronic Resources Needed*	<input type="checkbox"/> Google Workspace (SCU Email) <input type="checkbox"/> VPN <input type="checkbox"/> Other (please specify):

### Signature of the person using the account

I understand that my usage of this account is subject to all SCU policies, including <a href="#">SCU's IT policies</a> , and that this account may only be used to conduct official University business.	
Print name*	
Date*	
Signature*	