## Administrator Account Request Form

<table>
<thead>
<tr>
<th>Instructions:</th>
<th>Your name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fill out form</td>
<td>Professor/adviser name: ____________________________</td>
</tr>
<tr>
<td>2. Return to 2-130 Keller Hall</td>
<td>User X500/Internet ID: ____________________________</td>
</tr>
<tr>
<td>All parts must be filled out. Incomplete forms will be returned.</td>
<td>Computer room number: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Computer IP Address: ____________________________</td>
</tr>
</tbody>
</table>

I am (please choose one of these four options)  □ Faculty         □ Postdoctoral         □ Graduate Student

□ Other: ____________________________

University of Minnesota computers are administered under strict security guidelines. Generally, administrator accounts are not provided to users. In order to receive special authorization for an administrator account, you must demonstrate that your university research or work will be negatively impacted as a direct result of not having administrative privileges.

### Reason for request

□ Software I am using requires administrative privileges

Name of software: ____________________________

□ Hardware I am using requires administrative privileges

Name of hardware: ____________________________

□ Other reason for administrator account need:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I agree to not use my administrator account except to install or use software or hardware which specifically requires administrator privileges. I will never share my administrator username nor password.

User signature: ____________________________ Date: ___________

Professor/adviser signature: ____________________________ Date: ___________

________________________________________________________________________________________

Office use only:

Approved? __________

Date created: ____________________________

Date expires: ____________________________