Select Change: □ New  □ Change  □ Name  □ Email Quota □ Central Unix Quota □ Other

**Requestor Information**
Legal Name: __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Cal Poly Username: ________________________________ Phone #: ________________________________

**Account Being Updated**

□ Same as above.

- □ Department
  
  Email Address: ____________________________________________________________
  
  Department Librarian: _____________________________ Phone #: __________________

- □ Resource Calendar
  
  Resource Calendar Name: ________________________________ Change to: ________________________________
  
  Resource Calendar Owner Name: _____________________________ Change to: _____________________________
  
  Department Name: ____________________________________________ Phone #: _____________________________

**Fill in this Portion for a Requested Name Change**

Full Name: __________________________________________________________________________________________

Old User Name: _______________________________________________________________________________________

New Full Name: _______________________________________________________________________________________ 

Reason for Request: ___________________________________________________________________________________

□ I have requested this change in Human Resources or Student Records.

New User Name will be automatically assigned.

**Requested UNIX or Email Quota Changes**

Describe Account Enhancement Being Requested:

□ Email  □ Central UNIX

Total megabytes of disk space desired: ______________

**Other Account Change (Please Describe)**

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
Certification of Use

I certify that the requested resource/service will be used for purposes consistent with the missions of the California State University and Cal Poly, and in accordance with all applicable University policies and State and Federal Laws. I acknowledge that unauthorized use of information technology resources may incur civil and/or criminal penalties and result in disciplinary action and loss of access. I accept responsibility for reading, remaining updated, and abiding by Cal Poly’s Responsible Use Policy located at [http://security.calpoly.edu/policies](http://security.calpoly.edu/policies).

Account User Signature: ___________________________________________ Date: (___/___/___)

By agreeing to sponsor this user account, I accept responsibility for ensuring that the user is aware of the consequences of not using the account for purposes consistent with Cal Poly’s mission and in accordance with University policies and applicable State and Federal laws (see [http://security.calpoly.edu/policies](http://security.calpoly.edu/policies) for more information). And agree to report any misuse of which I become aware.

Instructor/Sponsor Signature: _________________________________________ Date: (___/___/___)

Project Description

____________________________________________________________________________________________________
____________________________________________________________________________________________________

Sponsor Information

Name: ______________________________________________________________________________________________

Department: ________________________________________ Phone #: __________________________________

Reimbursable Account Information

Fund: _________________________ Dept ID: _________________________ Acct: _________________________

Program: ____________________________________________________________________________________________

Grant/Project: _________________________________________________________________________________________

Class: _______________________________________________________________________________________________

Org Key: _____________________________________________________________________________________________

Object Key: __________________________________________________________________________________________

Signature: ___________________________________________ Date: (___/___/___)

Print Name: ______________________________________________ Title: _________________________

This form may be mailed to the ITS Service Desk (Bldg 46, Rm 100) or faxed to 756-1536