

Please complete this form including the requested signatures:

ACCOUNT HOLDER INFORMATION FOR ROWAN COUNTY INFORMATION SYSTEMS

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Department Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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CERTIFICATION

I attest that all information provided on this application is current and accurately specified on this form. I agree to all terms and conditions specified on this form. I will be responsible for the security of my own password and the security of my workstation when not in use. I have read the Technology Appropriate Use Policy. I understand and agree *it is my responsibility to be aware of changes in the Policy* as listed in the Personnel Manual, Section III, Article 19.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature of Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ Employee Signature
- \_\_\_\_\_ Department Director Signature
- \_\_\_\_\_ Scanned, signed copy attached to Track-It! work order
- \_\_\_\_\_ Original held by \_\_\_\_\_ Department

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TO BE COMPLETED BY INFORMATION SYSTEMS

Verification of Dept. Head's signature \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address assigned: \_\_\_\_\_ Date: \_\_\_\_\_

AS400 User ID: \_\_\_\_\_ (If Assigned)

Windows User ID \_\_\_\_\_ (If Assigned)