



Completion of this application form is **required only by visiting or temporary staff or external contractors** in order to obtain a username, password and, where appropriate, an e-mail account.

Users should return the completed form to the Information Centre, Stirling University Library, Stirling, FK9 4LA. You will be contacted by the operators when your account is ready but it will not be released to you until you have returned the signed and endorsed form to them and passed the security check.

Identification

Surname (or family name):

Full initials (not including surname):

Name by which you wish to be known (*in the Global E-mail Address List e.g. Dave Smith or David Smith; Elizabeth Brown or Beth Brown*):

.....

Title: Prof/Dr/Mr/Mrs/Miss/Ms/other (specify)

Faculty and Dept:

Job title/description of role at Stirling:

Have you previously been employed by Stirling university? If so, please give details of your username, personnel number, department

Date of birth

Unique identifier *eg National Insurance no, passport number, driver licence no, home institution staff or student number*:

Campus based users – please complete this section

Room no: Building:

Contact telephone no (work):

Campus if not Stirling:

How would you prefer to be contacted with your new account details?

Please circle – PHONE | EMAIL TO ENDORSER (OVERLEAF)

Off campus users – please complete this section

Postal address (for correspondence):

Telephone :

Email address:

How would you prefer to be contacted with your new account details?

Please circle – POST | EMAIL | PHONE

ALL APPLICANTS

Please select **one** of the following security questions and provide a single word answer

1. Mother's maiden name
2. Name of first school
3. Memorable place

Status (Circle as appropriate.)

Visiting staff | temporary (agency) staff | external (contractor) | affiliated (eg supervisor/mentor)

Please give period of visit: From _____ To: _____

Your account will be disabled at the end of the period noted above, though short extensions may be granted on request.

Declaration

I certify that I have read the Information Services Regulations in the University Calendar and agree to abide by them. I will advise the University's Data Protection Officer of any data I hold which needs to be registered under the Data Protection Act.

Signed: _____ Date: _____

Please note that no other person should know your network password.

ENDORSEMENT

TO BE COMPLETED BY ENDORSER (eg supervisor, Head of Dept, sponsor)

ADDITIONAL REQUIREMENTS for this account:

- 1. Portal access (Athens authentication, access to student records) required? YES / NO
 - 2. WebCT access required? YES / NO. If YES please enter course code and title below:
 - 3. Access to departmental filestore required? YES / NO
- If yes, please enter \\server name\share name e.g. [\\dochart\bigtemp](#):

I support this application and confirm that the details given are correct.

Signed: _____ Date: _____

Name (caps): _____

Department: _____ Phone ext: _____

Relationship/Position: _____ Username _____

Any other relevant information in support of application?

TD Feb2006

Information Services use only

Username _____ Group _____ Server _____

Received _____ Registered _____ by _____ Returned _____

Mail on _____ by _____ Returned _____