

Subject:

Request Date:



# Texas A&M NetID Account Request

**Instructions:** This form is used by Texas A&M departments and affiliate organizations to request a NetID account for personnel 1) who must have a NetID account to access authorized university information resources; and 2) who are not affiliated with any Texas A&M NetID Identity Management System Registration Authority. All information should be typed except for signatures and initials.

<p>Submit form to:</p> <p><b>Identity Management Office</b> <b>identity@tamu.edu</b> <b>Fax: 979.845.6090</b> <b>MS 3374</b></p>	<p>Need Help?</p> <p><b>Identity Management Office</b> <b>Phone: 979.862.4300</b> <b>identity@tamu.edu</b></p>
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State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

## Subject Information:

### Universal Identification Number (UIN):

A UIN is required to create an entry for the Subject in the NetID Identity Management System.

- 1  Subject already has UIN. Enter UIN here ► \_\_\_\_\_
- 2  Subject's UIN needs to be created.

### Name as shown on Subject's identity document:

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

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

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

Suffix: \_\_\_\_\_

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

**Date of Birth (month dd, yyyy):** \_\_\_\_\_

**Gender:**  Male  Female

**Country of Citizenship:** \_\_\_\_\_

**U.S. Permanent Resident**

**Contact Information:** Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Organizational Unit Contact for this Request:

The contact must be a full-time Texas A&M University System faculty or staff employee. The contact also serves as the account sponsor.

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

UIN: \_\_\_\_\_ Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Texas A&M System Member Institution: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Request Date: \_\_\_\_\_

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### Subject's Relationship with Sponsoring Organizational Unit:

If **not** an onboarding new employee, provide the following information:

Enter affiliation start date here (month dd, yyyy) ▶ \_\_\_\_\_

Enter affiliation expiration date here (month dd, yyyy) ▶ \_\_\_\_\_

Enter external employer organization name here ▶ \_\_\_\_\_

Enter external employer city, state, province, country here ▶ \_\_\_\_\_

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Check one of the following eight options that best describes the type of relationship the Subject has with the Sponsoring Organizational Unit.

1  Onboarding **new employee**.

Enter hire date here (month dd, yyyy) ▶ \_\_\_\_\_

Position Type:     Faculty                       Staff                       Graduate Assistant                       Student Worker

2  **Adjunct Faculty**

3  **Graduate Faculty**

4  **Visiting scholar/Unpaid Intern (Please provide a copy of the signed SVS or AG-713 with the account request.)**

5  **Remote research collaborator (Please provide a copy of the signed SVS or AG-713 with the account request.)**

6  **Medical Resident/Intern**

7  **Continuing education student/Research Experiences for Undergraduates (REU) student**

8  **Member of an affiliated organization or group:**

Description of affiliation ▶ \_\_\_\_\_

Organization/Group:

- ROTC                       The Association of Former Students                       12<sup>th</sup> Man Foundation
- Board of Regents     Texas A&M Mexico Office                       Texas A&M Soltis Center                       Institute of Nautical Archeology
- Veterans program     Veterinary Medicine, clinical trainee program                       Texas A&M Medical Library
- Division of Research     Advisory Board                       Texas A&M Bookstore                       Columbia Advisory Group
- USDA-ARS Southern Plains Agricultural Research Center                       Easterwood Airport

9  **Contractor, vendor, auditor or temp agency employee**

10  **Other:** Description of affiliation ▶ \_\_\_\_\_

Business Reason for NetID Account ▶ \_\_\_\_\_

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### Subject IT Services: @tamu.edu email

Affiliated personnel are not eligible for @tamu.edu email by default. If @tamu.edu email is required, enter justification below.

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**Texas A&M NetID Identity Management System Statement of Responsibility**

- You certify the Subject cannot perform necessary business for the university without a Texas A&M NetID account.
- You certify you have entered accurate identity and affiliation information for the Subject.
- If the Subject's relationship with the organizational unit ends prior to the stated expiration date, you will inform the Identity Management Office via email at [identity@tamu.edu](mailto:identity@tamu.edu).
- You certify you have obtained all needed approvals for this access.
  - If an adjunct faculty member, Dean of Faculties has been informed.
  - If a graduate faculty member, Office of Graduate Studies has been informed.
  - If a visiting scholar or remote research collaborator, all requirements of SAP 15.99.99.M0.01 Visiting Scholars Not Involved in an Employee/Employer Relationship with Texas A&M University and SAP 15.02.99.M1 Export Controls have been met and all necessary approvals from the Office of Vice President for Research and Graduate Studies have been obtained.
  - For a vendor or contractor, all necessary approvals from the Department of Contract Administration have been obtained.
- You certify you have informed the Subject of all Information Resource Acceptable Use policies and procedures as outlined in SAP 29.01.03.M1.02.
- Violation of this agreement may result in disciplinary action or legal action or both.

The agreement is bound by the University FERPA Policy and University Acceptable Use Guidelines

I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE TERMS.

**Organizational Unit Contact.**

\_\_\_\_\_  
Printed (Typed) Name

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Unit Head or Designee or Unit's HR Liaison.**

\_\_\_\_\_  
Printed (Typed) Name

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed