Virginia State University
Technology Services
Form Instructions
Vendor Account Request Form

How this form is used: To request or modify a University IT system account.

Instructions:
1. Applicant Information: Please fill in Name, Title, Email Address, Telephone Number, Company Name, Company Location, Supervisor Name, Supervisor Telephone Number, Duration of Access Start and End Date and fill in detailed Reason for Access.

2. Accounts Requested: Check type of account and request (new, or modify).
    a. **Email**: To request a VSU email account (if required to complete work requirements with VSU).
    b. **VSU Network**: Active Directory network accounts are required to log on to University computers and access University systems.
    c. **VPN**: for remote access to University resources.
    d. **Other**: List any other accounts that applicant needs access to.

3. Authorization: Appropriate signatures are required to process the form to include the Applicant's signature, the VSU Department Manager's signature, and the System Owner's signature.

4. Additional Requirements: Non-VSU Personnel requesting Vendor IT accounts are required to:
    • Review the Acceptable Use Policy and complete the Acceptable Use Policy Certificate of Receipt.
    • Provide documentation from Company's Human Resources department indicating the applicant has completed a successful background investigation.

5. Route completed (fully authorized) form to VSU Technology Services, Box 9090, or fax to 804-524-5228.   Form can also be emailed to ITAccountServices@vsu.edu or hand-delivered to Room B45, Johnston Memorial Library. **If forms are not fully completed and the above additional requirements are not met, this will delay processing of your IT accounts.**