Instructions for Submitting
Student Information Intranet Access Application

- **Complete Information on Panel**.
  Print name, phone number, room number, department and functional or payroll title.

- **Read: Office of Information Technology System Access and Usage Policy.**
  Sign and date to accept policy.

- **Obtain Access Authorization.**
  System access approval must be signed by your Department Chair, Department Head, Vice President or Provost.

- **Password.**
  - Your password is set to the password being used for your CSI email account.

- **Obtain Appropriate Authorization For System Access**
  System access must be approved by appropriate college officials as follows:

  Course and Section Information - Registrar
  Class Roster Information   - Registrar
  Student Information   - Registrar

  Registrar Signature_____

- **Forward Completed Application to:**
  Joyce Taylor
  Office of Information Technology
  Room 2A-303 or fax to 2218

Office of Technology Systems
Access and Usage Policy

Computer systems are to be used solely for the performance of the College of Staten Island work, and not for personal use, whether for compensation or otherwise. Invalid data must not be entered into any computer system, nor may valid data in any database be altered or deleted.

Protection of computer equipment and systems against damage, misuse and destruction is a shared responsibility of all CSI college personnel who use these systems. Intentional abuse or misuse of any computer equipment or system is cause for appropriate disciplinary action.

Policies concerning the use and operation of computer equipment, software and/or systems may be updated periodically by the Office of Information Technology. It is the user's responsibility to be aware of these policies. Such policy statements will be on file with the department heads.

I have read this statement of system access and usage policy and I may make a copy for my own records.

_____ _____
Applicant's Signature   *Date*

System Access Approval

I certify that the above staff member should be granted access to the College of Staten Island Student Information Intranet System to perform work required solely by my office.

In order to ensure that computer access is restricted to authorized active members of my staff, I will promptly notify the Office of Information Technology – Room 2A-303 as to the effective date of discontinuous of employment in this office, for any reason, of the staff member identified above.

Copies of the system access and usage policy statement will be made available to all members of my department and will be kept on file in my office.

_____ _____
Department Head/Divisional Dean Signature   *Date*

THE CITY UNIVERSITY OF NEW YORK
College of Staten Island

Student Information

Intranet System
Access Application

_____
Name

_____ _____
Phone Number   **Room #**

_____
Department

_____
CSI Email Account

_____
Title

_____
Emplid