OFFICE OF INFORMATION TECHNOLOGY
AUTHORIZATION RELEASE FORM

I, _____, the undersigned, hereby state that I am a student, faculty member, staff employee, or official guest at SUNY College of Optometry, with a corresponding valid SUNY College of Optometry ID, and that I have read and will follow all relevant SUNY College of Optometry Policies and Procedures governing the use of SUNY Optometry computing resources and facilities. [Policies are posted on the College Web site at: Policies & Procedures; see especially Public Access Facilities & Electronic Mail Policy and Institutional Issues Computing Policy.]

Please return this signed form to Mr. Robert Pellot via Interoffice Mail to initiate the account creation process.

Users of SUNY College of Optometry computing facilities are expected to abide by State and Federal laws that apply to the usage of computers, and to use SUNY College of Optometry computer and network services in a legal, effective, ethical, responsible and efficient manner, consistent with the instructional, research, public service and administrative goals of the College.

I understand that I will be assigned a user ID and Password for my use only and that I will not cause them to be known or used by another person or persons. (Note: Please change your password at your earliest convenience).

I recognize that access to any SUNY College of Optometry computing resources or facility is a privilege granted to me by SUNY College of Optometry, and I understand that I am solely responsible for the security of the assigned user ID(s) and password(s). I will notify the Office of Information Technology of the SUNY College of Optometry at 212-938-5730 (or helpdesk@sunyopt.edu) in the event that this security may have been compromised. I also understand that, in the advent of a security breach or illegal activities, audits of my activities may be made.

Name: _____   Class Year/Department: _____

Fac/Staff Rm Number: _____   Phone: _____

Signature: _____   Date: _____

If changes in system specifications or State or Federal laws necessitate modifications in SUNY College of Optometry policy, you may be required to read and agree to abide by a revised policy.

For Information Technology Use Only:
Computer Access:
User ID#: _____   Email User ID: _____
Initial Password: _____   Initial Password: _____
                                         Email Address: _____
CLASSIFICATION GROUP:
Faculty: _____   Staff: _____   Student: _____   Other:_____

Authorized By:_____   Date:_____

Revised June 2022