



3000 Landerholm Circle SE • Bellevue, WA 98007-6484 • www.bellevuecollege.edu

## Network Account and E-mail Request Form

Access to the Bellevue College Network and related internet services, electronic mail, and/or phone mail is requested for a user who is one of the following:

- Faculty (Full- time)       Classified Staff       Administrator/Exempt
- Faculty (Part-time)       Part-time/ Hourly/Student Staff       Other (specify) \_\_\_\_\_

***This section is to be read and signed by the individual for whom the account is being created.***

I have been given access to a copy of each of the following Bellevue College policies:

- # 4400 Acceptable Use of State Resources**
- # 5000 Acceptable Use of BCC Computers**
- # 5100 Software Licensing Compliance**
- # 5150 Acceptable Use of BCC Networks and Systems**
- # 5250 BCC Information Technology (IT) Security**

I have read and understand these policies and all procedures and processes identified in them, including my personal responsibilities, and agree to abide by their provisions. I understand that I am required to protect the confidentiality of college data in accordance with the Family Education Rights and Privacy Act (FERPA), the Washington State Ethics Law (RCW 42.52), and Bellevue College policies.

Name \_\_\_\_\_ Department \_\_\_\_\_  
Please print clearly

Signature \_\_\_\_\_ Date \_\_\_\_\_

***This section is to be completed by the Department contact or approving Administrator.***

Please check all boxes that apply. Incomplete forms will result in a delay in creation of the account.

Request for **BCC Network log-in account**.       Request for **BCC e-mail account**.

Permanent Account       Temporary Account, Expiration Date: \_\_\_\_\_

Access to special e-mail distribution groups listed: \_\_\_\_\_

**NOTE:** Phone and voice mail access are tied to BCC e-mail accounts, but must be requested separately through Request Center (<https://bellevuecollege.edu/requestcenter/>).

Account creation communication will be directed to the Department contact person, who will be responsible for distributing that information to the new account holder:

Dept. contact name \_\_\_\_\_ Phone \_\_\_\_\_  
Please print name clearly

**APPROVAL (Must be approved by an Administrator):**

Administrator Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Routing Instructions**

- 1) Supervisor
- 2) Information Resources (N215)