



# Non-Employee Network Account and E-mail Request Form

**Note:** This form is required only for individuals needing accounts who are *not* employees. Employees who have been assigned an System ID number (SID) can obtain their network/e-mail account at the accounts website: <https://bellevuecollege.edu/password/>

Access to the Bellevue College network and electronic mail is requested for a non-employee user who is a:

- Campus Visitor
- EWU@Bellevue College Faculty
- Volunteer
- Contractor
- Technology / Research Partner
- Other user w/o EID/SID: \_\_\_\_\_

***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 BC Computers**

**# 5100 Software Licensing Compliance**

**# 5150 Acceptable Use of BC Networks and Systems**

**# 5250 BC 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	Responsible Department
Signature	Date

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

Please check all boxes that apply. E-mail will not be created automatically if not checked. Incomplete forms will result in a delay in creation of the account.

Request: <input type="checkbox"/> <b>Network log-in</b> <input type="checkbox"/> <b>E-mail account</b>	Expiration Date:
<input type="checkbox"/> Membership in e-mail distribution groups listed:	

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

Department contact name:	Phone:
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**APPROVAL (Must be approved by an Administrator)**

Administrator	Date
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**Routing Instructions**

- 1) Approving Administrator
- 2) Information Resources (N215)