

Dental School Account Application Form

PLEASE PRINT

Last Name	First Name	Middle Initial
<input type="checkbox"/> Email <input type="checkbox"/> No email		
Department:		
You are:	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff (Note: Residents get a UMnet account)	
Your Title:		
Status of Employment:	<input type="checkbox"/> State Employee <input type="checkbox"/> Corporate Employee	
Room Number:		
Telephone Number:		
Authorizing Supervisor		
Supervisor Name:		
Supervisor Signature:		
Supervisor Telephone number:		

Please return completed form to:

**The Office of Information Technology, Room G-426 or
The Student Technology Center, Room 5251**

- Please pick up your default password from either location.
- You have to change your password the first time you log into the Dental School Network.
- The new password must comply with the following rules:
 - Password must be 8 to 14 characters long.
 - Password must contain at least 3 of the 4 classes of characters.
 - English uppercase letters (A, B, C).
 - English lowercase letters (a, b, c).
 - Special characters (!, #, \$, or other punctuation symbols except * (asterisk))
 - Arabic numerals (1, 2, 3).
 - Password must be changed every 180 days.
 - Password cannot contain any part of your name
 - Password cannot be reused for 1 year.