



**University of Maryland Dental School  
Request for Faculty Staff/Remote Computer Access**

**REQUEST SECTION**

I, \_\_\_\_\_ (print name) hereby request the access to the following computer system at University of Maryland Dental School.

Dental School Username: (i.e. XYZ001)
Duration of access: For duration of employment at current role in Dental School
In house access location: {room(s) number and computer name(s)}
<p>I understand that I must keep:</p> <ul style="list-style-type: none"> <li>• my personal computer current with all operating systems patches and services packs</li> <li>• my personal computer current with antivirus software with current virus definitions</li> <li>• my password secure</li> </ul> <p>For a more detailed description of IT security and policies please visit <a href="http://www.umaryland.edu/cits/security/">http://www.umaryland.edu/cits/security/</a></p> <p>A personal firewall is recommended. You can download one for free at <a href="http://www.zonealarm.com">www.zonealarm.com</a></p> <p>Please initial here to confirm you understand your computer responsibilities _____</p>
Personal contact information: (home or cell phone and email address)
Office contact information: (Room number and direct phone)

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

**APPROVAL SECTION: (to be completed by approvers)**

**Data classification: (complete by supervisor)**

PHI\_\_\_ Internal\_\_\_ Confidential\_\_\_ Restricted\_\_\_ Unclassified\_\_\_

<b>Supervisor:</b>	<b>Approval Signature:</b>	<b>Date:</b>
<b>Information Security Officer: Dr. Peter Murray</b>	<b>Approval Signature:</b>	<b>Date:</b>
<b>For Patient Information: Dr. Ronald Chenette</b>	<b>Approval Signature:</b>	<b>Date:</b>

**Approver's Comments:**

\_\_\_\_\_