Technology @ VIU



Generic Account Request

You must use Adobe Reader to complete this form electronically. Download the form first, do not open directly in a Browser.

Instructions for submission:

Complete form, sign and send a scanned copy to ithelp@viu.ca. If using a digital signature, save a copy of the file and send as an attachment to ithelp@viu.ca

Use of a Generic Account must comply with the IT Generic Account Standard

Name of Generic Account administrator:			Title:	
Administrator must be a Dea	n/Director or above and must assume	e all responsibility for this account.		
Phone number of Gener	ic Account administrator:			
Email address of Generi	c Account administrator:			
Please provide at least	one backup administrator for c	ontact purposes:		
Name:	email:		Local	
Name:	email:		Local	
Previous name of the ac	ccount (if applicable)			
	enew Generic Account:ed to 12 characters and will start with			
Requested alternative n	ame for Generic Account:			
Date Generic Account re	Generic Account required: Generic Account requires email		uires email? YES	NO
Requested email a	ıddress:	@viu.ca Display Na	me:	
List any resources the u	users will need access to (mailb	pox, shared folders etc.)		
Will the account need t	o be restricted in any way (only	y certain computers, or specif	fic hours, etc.)	
Will you need the acco	unt to have access to wireless		ecure? Yes	No
		Date Signed		

The IT Service Desk Team will review this request before the account will be created. The Account Administrator may be asked to provide additional information.