

Texas Woman's University
Access to Services and Resources for Affiliate Personnel or Pre-Employment*

**Name

**Social Security Number

**Date of Birth

**TWU Supervisor Name

Please select: **Faculty** **Staff** Position Title: _____
 Vendor/Other (please specify): _____

Campus: Denton Dallas-IHS Houston-IHS Other: _____

Room Number (and building, if Denton): _____

Non-TWU Telephone number

Non-TWU email address

By virtue of my professional affiliation or pre-employment status with TWU, I request access to services and resources needed for my position. I understand that I may be given access to confidential data and agree to abide by all State and institutional policies regarding appropriate use and security requirements. I further agree that use of these resources and services will be for the sole purpose of meeting my professional obligations as required by my affiliate or pre-employment status with TWU. I understand privileges will be revoked upon termination or change of my affiliate status. Change to permanent employment status may require additional application for access to services and resources.

Signature

Date

Access Requested: Portal Account X Drive Shared Drive Canvas

A departmental account number is required in the event of any installation/initiation expenses incurred as a result of access to the services/resources named above. Additionally, any recurring charges that result from use of services/resources will be billed to the department.

Account Number

TWU Department

Effective Date(s) Start _____
Month/Year

End _____
Month/Year

Approval Signature – Chair/Department Head

Date

Approval Signature – Dean

Date

*Request for access to services and resources for affiliate or pre-employment personnel is only available to individuals who have some form of contract or formal agreement with Texas Woman's University. Informal arrangements with departmental volunteers do not qualify.

**Required fields.

Submit the completed form to the TWU Denton Office of Human Resources.

For Authorizing Office Use Only

Approved

Approved with Conditions

Denied

Signature

Date

Comments _____

Conditions _____
