FORM ITS 1

## University of Liverpool IT Services Managed Windows Service (MWS) Registration Form

This side of the form is to be completed and signed by the applicant
The other side or page of the form MUST BE COMPLETED AND SIGNED BY YOUR HEAD OF DEPARTMENT
OR SCHOOL MANAGER

University of Liverpool ID Number: (if you have one)					Title:							Prof / Dr / Ms / Miss / Mrs / Mr						
First and Middle Initials:									First Name			·						
Surname/Family Name:																		
Status required (please tick)  Staff Research Postgraduate Taught Postgraduate Undergraduate Other					Date of Birth: (Mandatory)													
					Are ye	Are you UNDER 18 years of age? (please circle)  YES  NO										<b>NO</b>		
					Department:													
					*Expected leave date: (Maximum 12 months)													
	* IMPORTANT NOTE - COMPUTING ACCOUNTS FOR EXTERNAL USERS EXPIRE AFTER 12 MONTHS. However, you can extend your computing access for further 12 month periods by an email request on your behalf from your Head of Department or School Manager to IT Services Service Desk (servicedesk@liverpool.ac.uk). You will receive a warning email from IT Services one month before your access is due to end and you should request an extension immediately or you may lose your computing access. You do not need to complete another application form.																	
Reason for req access: (Manda																		
Phone number:		Postal address:																
Email address:								(Fill this in if you would like your account details posted to your home or another address. If left blank, we will email details to the email address you have provided.)										
First choice login username	<b>e:</b>									hoice rname	):							
The username yo Your Username s												out <b>mus</b>	t sta	rt wit	h at	least o	one le	tter.
Do you require you								-					-			YES	3	
THE MICROSOFT	T ON THI	Ind by other University email users. NOTE: IF YOU WANT TO USE ON THE MWS, YOUR EMAIL ADDRESS MUST BE LISTED ON THE ON THE GAL or not. Please tick your preference.						E	NO									
IMPORTANT NOTE Account and conte indefinitely.	: Compu	iting re	gistra	tion wi	II lapse if	you le	eave t	he Uni	versity	or if yo	u requ	est the t						tion.
Compliance with the IT Acceptable Use Policy is a condition of use for access to the University IT facilities and services. Before signing this form, please read the IT Acceptable Use Policy (AUP) at <a href="http://www.liverpool.ac.uk/it/regulations">http://www.liverpool.ac.uk/it/regulations</a> .																		
Signature of applicant:											С	ate:						
PLEASE ENSURE THAT YOUR HEAD OF DEPARTMENT OR SCHOOL MANAGER COMPLETES AND SIGNS THE OTHER SIDE OR PAGE OF THIS FORM.  Then please scan us a copy of the original signed form. Email to servicedesk@liverpool.ac.uk.  We will email you the details of your account (unless you specify a postal address above). PLEASE ALLOW 3 DAYS FOR PROCESSING.																		

Owner: Service Desk Last Revised by KA 29/09/22

THIS SECTION TO BE COMPLETED BY YOUR HEAD OF DEPARTMENT OR SCHOOL MANAGER													
This request MUST be supported by a statement from the Head of the University Department or the School Manager of the School in which you are working and then authorised by a Senior Manager of IT Services. We cannot process this request without a signed statement below from your Head of Department or School Manager.  IT account use must comply with the IT Acceptable Use Policy at <a href="http://www.liverpool.ac.uk/it/regulations">http://www.liverpool.ac.uk/it/regulations</a> .  (This statement replaces the request letter which was previously required by IT Services)													
Name of H		•		CAPITALS)									
MWS user of Head of				ımber ool Manager:									
*Date appl	icant requ	uires a	acces	ss until (Leave date):									
*IMPORTANT NOTE ABOUT LEAVE DATE:  Please enter an accurate leave date, as open and unused accounts are a security risk. Please note that computing access for the applicant MUST be renewed every 12 months by way of an email request from yourself (as Head of Department or School Manager) to IT Services Service Desk (servicedesk@liverpool.ac.uk). The applicant will receive a warning email from IT Services one month before their access is due to end. The applicant will not need to complete another application form to renew access but may contact you to request a supporting email.  Please note, if the applicant is under 18 years of age, the Head of Department has a responsibility to comply with the University Policy													
on the Safeguarding of Children. Young People and Vulnerable Adults and complete a suitable risk assessment (Appendix 9).  Please give more details below of why computing access is required by the applicant:													
Signatur Departm									Date:				
Department or School Manager:									Date.				
For IT S	ervices	Use	∍ On	nly				EX					
Authorise			Date:										
Reason for Authorisation:								END DATE:					
USERNAME: (Pa						WS/E-MAIL PASSWORD: asswords no longer expire and can be kept as ng as you want – change your password at tp://www.liverpool.ac.uk/it							
IMPORTANT - Please visit the following web page and set a "Secret Question and Answer" which will assist the Service Desk to verify your identity if you forget your password in the future: <a href="http://www.liverpool.ac.uk/mwssecretquestion">http://www.liverpool.ac.uk/mwssecretquestion</a>													
MAILNAME:  See the Fundamentals Booklet for information on IT Services (also online at https://www.liverpool.ac.uk/it/fundamentals/)													
Initials:	ials: Date			ə:	Details emaile				or posted to applicant (ti				

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