

### Departmental/Organizational Account Application

Limited to USC Faculty and staff, and Health Science departments and faculty/staff organizations. Below please provide all requested information. Incomplete or inaccurate applications cannot be processed. The account owner must have a current USC computer account.

<b>Organization Name:</b>	
<b>Affiliated Department/School:</b>	
<b>Account Type:</b>	
<input type="checkbox"/> Academic	<input type="checkbox"/> Research
<input type="checkbox"/> Class Account	<input type="checkbox"/> Administrative/Service
<input type="checkbox"/> Other (please specify): _____	
<b>Requested account name (no more than 8 characters):</b>	
<b>Account Owner (please print name):</b>	<b>Phone:</b>
<b>Owner's USC Email Address:</b>	
<b>Authorized Signer's Email Address:</b>	<b>Phone:</b>
<b>Departmental Authorized Signer (please print name):</b>	
<b>Purpose of this account:</b>	

**University Park Campus Applicants:** Send via campus mail to CAL 2812-363-99A, care of ITS-CAA, OR take this form to Leavey Library Lower Commons(LVL LC)

**Health Sciences Campus Applicants:** Take this form to the Norris Medical Library Technology Support Center (NML TSC). School of Dentistry faculty/staff may take applications to the Wilson Dental Library (DEN 21)

Each individual must agree to read and abide by the university's computing policies, which can be found at <<http://www.usc.edu/its/policies>>. Your signature indicates your acceptance of USC policies.

\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Authorized Signer's Signature

\_\_\_\_\_  
Date