

**INFORMATION TECHNOLOGY SERVICES
AUTHORIZATION RELEASE FORM**

I, _____, the undersigned, hereby state that I am a University of West Georgia faculty member, staff employee, or special guest with a corresponding valid UWG ID and that I have read and will follow all University of West Georgia Policies and Procedures governing the use of University West Georgia and the University System of Georgia (USG) computing resources and facilities.

Users of University of West Georgia computing facilities are expected to abide by State and Federal Laws that apply to the usage of computers. These laws exist to “establish certain acts involving computer fraud or abuse as crimes punishable by defined fines or imprisonment or both”. As an example, the Georgia Computer Systems Protection Act was enacted to “provide for criminal liability and the definition of penalties for the crimes of computer theft, computer trespass, computer invasion of privacy, computer forgery, and computer password disclosure”. The penalties range from fines up to \$50,000 and imprisonment up to 15 years. The full text of this act and others are available via the West Georgia Website.

I understand that I will be assigned a user ID and Password for my use only and that I will not cause them to be known or used by another person or persons. I recognize that access to any University of West Georgia or USG computing resources or facility is a privilege granted to me by University of West Georgia and I understand that I am solely responsible for the security of the assigned user ID(s) and password(s). I will notify University of West Georgia Information Technology Services at 678-839-6587 in the event that this security may have been compromised. I also understand that periodic audits of my activities or any such University of West Georgia or USG resource may be made by the resource system administrator.

USER ID ASSIGNMENT(S):

by AUTHORITY OF:

Login Name: _____

User ID#: _____ (office use) Server: _____ Email: _____ Banner: _____

CLASSIFICATION GROUP:

Faculty: _____ Staff: _____ Student: _____ Other: _____

Signature: _____

Date: _____

Department: _____

Phone: _____

Location: _____

Fax: _____

Changes in State or Federal laws may necessitate modifications in the Universities Computer ethics policy, you may be required to read and abide by revised policy.