Local Administrator Access Form

Use this form to request local administrator access on a computer assigned to you by the university. Attach additional detailed documentation as necessary. Route the form as noted below. OIT will contact you to set up the requested privileges, if approved.

Request Details

Name ____________________________________________

LoboID __________________________________________

A-Number ________________________________________

Email Address ____________________________________

Computer Name and Asset Tag Number ________________________________

Justification
Include an explanation of why local administrator privileges are needed (e.g. Device is a laptop and you travel extensively, the use of specialized software applications, specialized hardware, etc.):

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Terms of Use
Please read and acknowledge that you understand and agree with the terms of use for this level of access on a university computer.

• I understand having local administrator access puts my computer at greater risk from viruses, worms and other malicious software.
• I will not use these privileges to modify the other accounts on any university-owned computer.
• I will not use these privileges to install freeware, open source, pirated, file sharing, or unlicensed software on any university computer unless given specific permission to do so by OIT.
• I will not change or disable the system settings, anti-virus software settings, or other software on a university computer.
• I understand that my account and system are audited for compliance and any violations may result in the privileged access being revoked.
• I understand that this privileged access applies only to the computer and asset number listed above and is valid so long as I use this asset. Any other requests for access on other computers requires a separate form.

___ Initial here that you have read and understand these terms

Requester (Signature and Date) __________________________

Send completed form to: LTAC, BAB-101, Box C-44, Alpine, Tx-79832

Acknowledge receipt- Request # in LTAC ________________