

Campus Connect / Vax Account Change/Setup

Employee Information:

Password expires in 90 days

Name _____

SSN: _____

Date _____

Department Requesting: _____

New Account Delete Account Other Changes

Faculty Staff

Full-time Part-time

Semester: _____ Year _____

Campus Connect Access:

Advisor/All Faculty & Advise All

Faculty Only Faculty & Advisor

Menu Access _____

All Campus Connect / VAX accounts are intended to be used only by the one assigned person. This feature establishes accountability and safeguards against unauthorized access to the administrative computer system. By signing below, I certify that I will not release my password to any person and will immediately change the password and notify the computer center director any time that the integrity of the password has been compromised.

Signature of Account Applicant

Date

Department Chair

Date

Vice President for Business Affairs

Date

For IT use only:

Account Name _____ Email _____@eacc.edu

UIC: [,] Access Mode: _____

Menu: _____

Executed _____

Signature

Date