Please Print Clearly:

Name of Requestor: ___________________________________________ Date: ____________
*Requestor must be a current UH faculty, staff, or student

UH Number of Requester: _ _ _ _ - _ _ _ _

UH Email Account of Requestor: ________________ @ hawaii.edu

Name of Organization:

NOTE: Organization must be a Registered Independent Organization (RIO); All accounts must be renewed with ITS annually by Dec. 31st

Campus Address:

Campus Phone: (__) _____-________ Campus Fax: (__) _____-________

Name, Phone, and UH Email Account of Faculty Advisor:

Check One: ☐ New ☐ Renewal ☐ Change Owner Requested (or existing) UH Username: ______________________

☐ Update ☐ Instructional Course (8 characters maximum)

Reason for requesting Organizational UH Username:

List of Person(s) authorized to use account *:

* must be current UH faculty, staff, or student (maximum of 3)

1. Name: __________________________________ UH Email Account: ________________ @ hawaii.edu
   UH Number: _ _ _ _ - _ _ _ _

2. Name: __________________________________ UH Email Account: ________________ @ hawaii.edu
   UH Number: _ _ _ _ - _ _ _ _

3. Name: __________________________________ UH Email Account: ________________ @ hawaii.edu
   UH Number: _ _ _ _ - _ _ _ _

Agreement:

By signing below, I accept full responsibility for use of my organization’s UH Username. I will ensure that all authorized persons understand and abide by the rules and regulations documented in "Use and Management of Information Technology Resources" and the "University of Hawai'i Student Code of Conduct".

Requestor Signature: __________________________________ Date: ____________

Faculty Advisor Signature: __________________________________ Date: ____________

Campus RIO Approver Signature: __________________________________ Date: ____________

Please mail completed form to: attn.: Help Desk
UH Information Technology Services UH Information Technology Services
2565 McCarthy Mall, Keller Hall 213 fax: (808) 956-2108
Honolulu, HI 96822

OR

If you have any questions, please call the ITS Help Desk at (808) 956-8883.

Confirmation will be emailed to the Requestor’s email address.

For ITS use only

UH Username: ________________ Date created: ____________
by: ________________ Date notified: ____________
valid until: ________________

Forms ITS-RO ID Request 3/18/2005, by TL, VER 1.0