Steps to secure access to UTHealth Information Resources

For Guest Accounts

1. Print and complete both forms (the Network Access Verification Notary Form and the Information Resources User Acknowledgement Form).

2. Go to a notary public and sign them in the presence of the notary public. (NOTE: Your personal bank may perform notary public services free of charge.).

3. Once the "Network Access Identity Verification Form" has been notarized by the public notary, and for faster service, all applicable forms can be e-mailed to RA-Coordinator@uth.tmc.edu.

DO NOT FAX FORMS!

Otherwise, you can send a hard copy of the forms to the following address.

RA Coordinator
Information Technology
UTHealth
UCT 1100
7000 Fannin St.
Houston, TX 77030

4. If you have not received a notification about your guest account status after three weeks, please inform your guest account sponsor or send an e-mail message to RA-Coordinator@uth.tmc.edu.

5. Your UT user ID and password will give you access to all or most needed computing resources. Once your account is active, you can call the UTHealth Help Desk at 713-486-4848 if you experience problems.
Network Access Verification Form

Last Name: _____________________________
First Name: _____________________________
Middle Initial: _____________________________
UTHealth School Name: _____________________________

A **Network Account**, which is comprised of a **User ID**, **password** and **email address**, allows users to login to necessary UTHealth resources.
I request a digital identity credential (a.k.a. **Network Account**) issued by The University of Texas Health Science Center at Houston (UTHealth) in order to access non-public, UTHealth information resources.

In accordance with the requirements for access to non-public information resources, I have read the **Information Resources Security Manual** and signed the **Information Resources Security Acknowledgement Form** in the presence of a Notary. I have also presented the Notary **one** of the following valid, current primary Government Picture ID that contains my picture:

Driver’s License

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Passport

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
<th>Expiration Date</th>
</tr>
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</table>

In order to access to The University of Texas Health Science Center at Houston information system, I must also furnish the following information:

Birth Date: _____________________________
Gender: _____________________________
Country of Birth: _____________________________
City of Birth: _____________________________
US Citizen? (Y/N) _____________________________
Country of Citizenship: _____________________________
Home Phone: _____________________________
Work Phone: _____________________________
Email Address: __________________________
Address: __________________________
City/ST __________________________
Country __________________________

By providing an emergency contact number below, applicant will receive emergency alert notifications sent via text to the phone number provided. Applicant may choose to opt out of the Emergency Alert Notification process by selecting “Emergency Notification Opt Out” below. (NOTE: Text charges will apply depending on applicant’s cellular phone plan.) For more information, see http://go.uth.edu/UTHealthALERT.

Emergency Contact Information

Emergency Cell Phone (xxx-xxx-xxxx): __________________________

OR

☐ Emergency Notification Opt Out

I understand I will be listed in the university directory service, as I will have non-public access to university information resources.

Signature: __________________________

Date: __________________________
STATE OF __________________________
COUNTY OF _________________________

Before me, __________________, a notary public, on this day personally appeared ___________________, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this ___ day of ___, 2019.

_____________________________
NOTARY SEAL & SIGNATURE