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

State Number Expiration Date

Passport

Country Number Expiration Date

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 ___, 2020.

__________________________
NOTARY SEAL & SIGNATURE