



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
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Passport	_____	Country	_____	Number	_____	Expiration Date
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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 ___, 2025.

NOTARY SEAL & SIGNATURE