

# Information Technology Services

## Request for Web CONTENT MANAGEMENT ACCOUNT

CCSF Employees, Consultants, and Student Workers only

Submit completed forms to: ITS **CMS**, Mail Stop LB-2, Ocean Campus (50 Phelan Ave, SF, 94112)  
Or drop it off at Batmale Hall Room 130, Ocean Campus

Please Print or Type \_\_\_\_\_ Check one: Employee  Consultant  Student

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Employee ID or Consultant PO#: \_\_\_\_\_ Department: \_\_\_\_\_

Office: \_\_\_\_\_ (Campus or Building & Room#) Mail Box #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Web page to manage: \_\_\_\_\_  
(Please enter the complete Web Address (e.g. Biology/Scholarship))

- It will take staff about 1 week to create the account and they will send you information back via campus mail and to your email address.

### Agreement

By signing this form, the requester agrees to abide by all CCSF policies and rules regarding the use of the account or accounts, security of the password, and confidentiality of CCSF information. Specifically, the requester agrees as follows: not to divulge their password or to allow others to use their account; to only use the account for CCSF related tasks and not to attempt to gain access to data which is not necessary to their CCSF job, research or instruction; and to not use the account for commercial purposes. Further, the requester agrees to follow all applicable copyright, intellectual property and accessibility laws. If, in the opinion of ITS, the account is being misused or the accountholder is violating the above agreement or any policies set by the College, the account will be immediately and permanently disabled.

### Further Information and Workshops

Information regarding login names, initial passwords and who to contact for user support will be sent with confirmation of your account. More documents as well as workshop information and schedules are available online at <http://www.ccsf.edu/tlc>: click the **Training** link.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair or Dean's signature  
(Not needed for personal sites)

\_\_\_\_\_  
Date

Do not write inside box – ITS use only

Logon ID: \_\_\_\_\_ Created by: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Trained by: \_\_\_\_\_ Training date: \_\_\_\_\_

Groups: \_\_\_\_\_