This form provides Radford University faculty and staff with the ability to document their need for local administrator access as required by RU IT Security Standard 5003s-01 which states:

Prohibit the granting of local administrator rights to users without documented need. Local administrative accounts are prohibited in areas subject to high risk or subject to additional regulations or standards (PCI, HIPAA, etc).

I need local administrator access for the following reasons (Check all that apply):

- Installation and Configuration of Software
- Updates to Existing Software
- Ability to Connect To Other Networks When Traveling
- Addition of Print Drivers
- Hardware Installation
- Software Testing

Name: ___________________________  RU E-Mail Address: ___________________________

List the name(s) & type (laptop, desktop) of the computer(s) that local admin rights are being requested for:

(The name of an existing Windows computer can be located by clicking Start -> Control Panel -> System and looking under the “Computer name:" area of the screen.)

Local Administrative Rights Agreement

In order to perform my job duties and fulfill my responsibilities to Radford University, I need a local administrator account on my RU issued computer. I request that my RU username be made a local administrator on the computers listed above. The University has issued these computers to me and I am the primary user and custodian of these computers. I understand that this access allows me to install and update software and I must confirm the authenticity of all software before installing.

By signing this application, I acknowledge that I have read the Radford University Acceptable Use Policy, and agree to abide by the rules and regulations that apply.

User's Signature: ___________________________  Date: ___________________________

Print, sign and return completed form to:
Technology Assistance Center
Walker Hall 153, PO Box 6987