

College of Engineering IT Local Administrator Account Form

(A form must be filled out for each PC for which you request Local Administrator privileges.)

Machine Name: _____ Location: _____

Service tag/serial number: _____

I, _____ (Full Name) _____ (UA email) agree to:

(Please initial the following items)

- ___ follow college standards, policies and procedures for installing and configuring applications
- ___ **not** install software the college does not have a license for, including software I purchase with personal funds
- ___ **not** install software with a single user license that is already installed on another PC
- ___ **not** disable or reconfigure security software, management services or audit logs used by college IT
- ___ **not** disable or reconfigure the automatic download of patches and updates
- ___ **not** make local accounts or give other accounts local administrator privileges

I understand that violating any of the above provisions may lead to me losing my Local Administrator access. I understand that PCs on which I have Local Administrator privileges will receive the lowest priority of service from the college helpdesk. I further understand that the college of engineering reserves the right to monitor its computer and network activities.

	Full Name (Print)	Sign
Applicant		
Faculty Member		
Local IT Representative		

https://support.engr.arizona.edu/faqs/local_administrator_form.pdf