Steps to Secure access to UTHealth Information Resources

School of Nursing

1. Print and complete both forms (the Network Access Verification Notary Form and the Information Resources User Acknowledgement Form).

2. Go to a notary public and sign them in the presence of the notary public. (NOTE: Your personal bank may perform notary public services free of charge.).

3. Mail the original forms to one of the following addresses:

   UTHealth
   School of Nursing
   ATTN: Maria Hernandez
   6901 Bertner Avenue
   SONS CC 411
   Houston, Texas 77030

4. No copies or faxes are allowed.

5. If you have not received a notification after 3 weeks, locate your school’s point of contact in the table above and call or email the contact listed.

6. Your UT user ID and password will give you access to all or most needed computing resources. Once your account is active, you can call the UTHealth Help Desk at 713-486-4848 if you experience problems.
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

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Passport

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

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 ___, 20__.

______________________________
NOTARY SEAL & SIGNATURE