

**Office of Information Technology
Citrix Account Request Form**

I am requesting access from: ___On-Campus ___Off-Campus ___Home (Check all that apply)

I am requesting access to: _____

Full Name Faculty / Staff: _____

Please PRINT

Department: _____

Main Campus

Law School

RCA

RCA Location

Contact #: _____

MAC or PC: _____

Software Application Requested: _____

Banner

Name / Signature authorizing Banner access

Date

BiTech

Name / Signature authorizing BiTech access

Date

Viking

Name / Signature authorizing Viking access

Date

**All computers attached to the network are required to have a virus protection program installed.
The virus definition files are to be kept current at all times.**

OIT Approval: _____

Name / Signature

Date