



# Non-Employee Network Account and E-mail Request Form

**Note:** This form is required **only** for individuals needing accounts who are *not* employees. Employees and others who have been assigned a System ID number (SID) can obtain their network/e-mail account at the Net-ID website: <https://www.bellevuecollege.edu/netid>

Access to log into the Bellevue College network and electronic mail is requested for a non-employee user who is a:

- Campus Visitor       EWU@Bellevue College Faculty       Volunteer
- Contractor/Vendor       External Technology/Research Partner       Other user w/o EID/SID: \_\_\_\_\_

*This section is to be read and signed by the individual for whom the account is being created.*

I have been given access to a copy of each of the following Bellevue College policies:

- [# 4400 Acceptable Use of State Resources](#)
- [# 5000 Acceptable Use of BC Computers](#)
- [# 5100 Software Licensing Compliance](#)
- [# 5150 Acceptable Use of Information Technology](#)
- [# 5250 Information Security](#)

I have read and understand these policies and all procedures and processes identified in them, including my personal responsibilities, and agree to abide by their provisions. I understand that I am required to protect the confidentiality of college data in accordance with the Family Education Rights and Privacy Act (FERPA), the Washington State Ethics Law (RCW 42.52), and Bellevue College policies.

Name	Responsible Department
Signature	Date

***This section is to be completed by the department contact or approving administrator.***  
Please check all boxes that apply. An e-mail account will not be created, if not checked.  
Incomplete forms will result in a delay in creation of the account.

Request: <input type="checkbox"/> Network log-in <input type="checkbox"/> E-mail account	Expiration Date:
<input type="checkbox"/> Membership in e-mail distribution groups listed:	

Account creation communication will be directed to the identified contact person, who will be responsible for distributing that initial information to the new account holder.

Department contact name:	Phone:
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**APPROVAL** (Must be approved by an Administrator)

Administrator	Date
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**Routing Instructions**

- 1) Approving Administrator
- 2) Information Technology Services (N215)