



Sam Houston State University

A Member of The Texas State University System
Division of Information Resources

Network Device Administration Authorization Agreement

At your request Computer Services is authorizing you to connect a device, over which you have sole administrative responsibilities, to the SHSU Local Area Network (LAN). Computer Services will not provide management, security, or support for this device.

Computer Services maintains the right to audit the security and management of this device during the course of responsible system management. If your device is identified to have a security or management issue that poses a threat to the University community, Computer Services will immediately disable network access to the device.

The contact information you provide on this document will be used by Computer Services to contact you when necessary and must be updated when needed. Failure to provide updated information may result in loss of access for your device. To improve security of the SHSU LAN, you and your department head may be notified by Computer Services of management actions that you must take.

Software license documentation for all locally-installed software must be readily available upon request by Computer Services. Installation of unlicensed software will result in a loss of network access for your device. If sensitive data (personal or research subject information as covered by HIPPA, FERPA, or Gramm-Leach-Bliley, for example) will be stored on the device, you must provide a list detailing the types of data and the protections in place.

If you have any questions, contact the Computer Services Helpdesk at 936.294.1950 or HELPDESK@shsu.edu. By signing below you acknowledge you have read and agree to the above.

Name of Device Administrator \_\_\_\_\_ SHSU Username: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature Approval \_\_\_\_\_ Date: \_\_\_\_\_

Location of Device: Building \_\_\_\_\_ Room \_\_\_\_\_

Device Description: \_\_\_\_\_

Device Network Name: \_\_\_\_\_ Device IP: \_\_\_\_\_

Contacts Information: (Due to response time constraints---3 names are required.)

Name \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell or Home Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell or Home Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell or Home Phone (\_\_\_\_\_) \_\_\_\_\_



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Device Network Name: \_\_\_\_\_ Device IP: \_\_\_\_\_

**Provide Detailed Information Regarding Types of Confidential Data that may be stored on the Device.**

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