OFFICE OF INFORMATION TECHNOLOGY SERVICES
ACCOUNT ACCESS AND COMPLIANCE AGREEMENT

I, _____, the undersigned, hereby state that I am a student, faculty member, staff employee, or official guest at SUNY College of Optometry ("SUNY Optometry"), with a corresponding valid SUNY Optometry ID, and that I have read and will follow all relevant SUNY Optometry Policies and Procedures governing the use of SUNY Optometry Information Technology Resources ("IT Resources"), including, but not limited to the Acceptable Use Policy, Electronic Mail Policy and Mass Internal Email Policy.

[IT Policies are posted on the College website – Information Technology Services page: *https://www.sunyopt.edu/its*]

Please return this signed form to the Office of Information Technology Services – Room 304 to initiate the account creation process.

I understand that as a user with access to SUNY Optometry IT Resources, I am expected to abide by applicable local, state and federal laws, regulations, and College policies and utilize these resources in an ethical, legal, responsible and acceptable manner, consistent with the educational, instructional, clinical, research, and administrative goals of the College.

I am expected to respect the privacy of the individual(s) whose information I access and to use reasonable and prudent methods to preserve the integrity and privacy of the accessed information to the extent possible.

I am prohibited from using or disclosing information for any purpose except in the course of College business with those who have a need to know, and I will take necessary precautions to protect the confidentiality of personal information.

I will be assigned a User ID(s) and a temporary password(s) for my use only, and I will not cause them to be known or used by another person or persons. (Note: Please change your temporary password at your earliest convenience).

I recognize that access to and utilization of SUNY Optometry IT Resources is a privilege, not a right, and the establishment of a network account does not grant or guarantee unlimited or unrestricted access. I understand that I am solely responsible for the security of the assigned User ID(s) and password(s). I will notify the Office of Information Technology Services of SUNY Optometry at (**212) 938-5730** (or *helpdesk@sunyopt.edu*) in the event that this security may have been compromised. I also understand that, in the event of a security breach or illegal activities, audits of my activities may be made.

I understand that violations of this agreement may result in appropriate administrative action, including, but not limited to, disciplinary action, and/or the restriction and possible loss of network privileges. A serious violation could result in more serious consequences, up to and including suspension or termination from the College or investigation and/or prosecution by the appropriate local, state, or federal authorities.

I certify that I have read this "Account Access and Compliance Agreement," and that I understand the contents in its entirety, and that I agree to comply with the above terms and conditions.

Name: _____   Start Date: _____

Phone: _____   Class Year/Department: _____

Signature: _____   Date: _____

If changes in system specifications or local, state or federal laws necessitate modifications in SUNY Optometry policy, you may be required to read and agree to abide by a revised policy.

For Information Technology Services Use Only:

User ID#: _____   Email User ID: _____

Initial Password: _____   Initial Password: _____

SUNY Global ID: _____   Email Address: _____

CLASSIFICATION GROUP:

Faculty: _____   Staff: _____   Student: _____   Other: _____

Authorized By: _____   Date: _____

Revised August 2025