



Application for Consultant Network ID

This form is to provide Consultants access to the MDC network.

The hiring manager is responsible for completing this form, obtaining the required signatures, providing a copy of the consultant driver's license and a copy of their agreement for services or provide proof of their need for network access (must redact any confidential information such as social security number and salary). Once the Network ID is established we will notify the requester/approver of this access. Also you must complete an access request form for the system the consultant will be using (Finance, Student or ASTRA), if applicable. All users executing this form are reminded that they must comply with all MDC policy and procedures governing the use and operation of MDC technology, including but not limited to [College Policy VII-1](#) and [College Procedure 7900](#). Please make sure to share the policies and procedure with the consultant. Unauthorized usage is prohibited.

Consultant Information	
(Please print)	
Name:	_____
Email Address:	_____ Telephone #: _____
Department Name:	_____
Campus:	_____ Office Location: _____
Effective Start Date:	_____ Effective End Date: _____

This information has been verified and authorized by the hiring Manger/Supervisor/Director:

Name: _____ Date: _____
(Please print)

Signature: _____

Approved by Dean/AVP/Campus President/Vice Provost: _____

**Please forward the completed form and all required documentation to
IASecurityRequests@mdc.edu**