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 (*must redact part of the number leaving the last 4 digits*) 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, tax id # and salary from the agreement*). 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: _____

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 email completed form and all required documentation to ITSecurityRequest@mdc.edu

Office of Information Security & Policy