

# CHICAGO STATE UNIVERSITY

Office of Web Systems Development  
Information Technology Division  
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## Web Account Request/Renewal Form

This form must be completed before an account can be issued or renewed by your department. We ask that you designate a site publisher/editor from your department to work with us. The liaison will be responsible for maintaining and backing up your department's website.

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

\*Requested by (Department Head): \_\_\_\_\_ Title: \_\_\_\_\_

Office or Department: \_\_\_\_\_ Location: \_\_\_\_\_

Extension: \_\_\_\_\_ FAX: \_\_\_\_\_ Department Email Address: \_\_\_\_\_

URL: www.csu.edu/\_\_\_\_\_

Name of Appointed Site Publisher: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Bldg./Room# \_\_\_\_\_

Extension Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

As the undersigned, I take full responsibility for overseeing the integrity of content, spelling and grammar of the site being taken care of by the aforementioned designated website publisher. I realize that the OWD is not responsible for the maintenance and backups of content on this website and we assume full responsibility for archiving, content and back-up of our website.

Supervisor's Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

\*Supervisor's (Department Head) Signature: \_\_\_\_\_

\*Note: A department head (supervisor) must sign all account request forms.

OWD Internal Use Only

Date materials were received: \_\_\_\_\_ By \_\_\_\_\_

Date completed: \_\_\_\_\_ Completed by: \_\_\_\_\_ Total Time \_\_\_\_\_

Number of changes made or added after initial request by client (Include all dates)? \_\_\_\_\_

Dates: \_\_\_\_\_