



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Network Access Request Form (Form IS-2)

Please print clearly in block letters

Date of Application: ___/___/___ User Name (Firstname Lastname) _____

Department: _____ Date of Birth (MM/DD only): _____

Telephones: Work: _____ Cell: _____ Home: _____

Location (Room Number and Building/Hospital Name): _____

➔ **For New Account Request:**

Check one of the following boxes to define your association with New York Medical College:

- Volunteer Faculty Resident - indicate completion date: ___/___/___ Fellow Faculty Practice
- Other _____

➔ **Notice to new users:**

- Fellows, Faculty Practice and Other: A brief statement that indicates your association with New York Medical College and how your work contributes to the educational and/or research mission of the college is required. Please Provide your statement here (attach additional sheet if needed): _____

- Fellows, Faculty Practice and Other: Your account will be active for one year from creation and can be renewed annually by resubmitting the documentation above.
- It will take 5 working days, after receipt of your network application by Information Services Department to activate your network account. Due to the volume of requests, you may not receive notice of the account creation. You may call, if after 5 business days, you are not able to access your account.
- The completed application and additional documentation can be faxed by your Department Head/Administrator to (914) 594-2001 or hand delivered or mailed to Information Services, 19 Skyline Drive 2NF31.

➔ **For Existing and New Users Who Require Access to Restricted Data/Servers or Network Printer Access:**

Server Access: If you require access to restricted data on a NYMC network server, i.e., research or administrative server, please provide details below. If the access is the equivalent of an existing user, indicate that user's login or full name.

Printers: If you require access to a network printer, please indicate the printer(s) you need access to:

NYMC Sponsor or Department Head Signature

User Signature

Department Head Name (Print)

Student Records: If this request involves access to Student Records, the user has completed FERPA training.

Registrar Signature

Date

Steps to LOGIN into the network: We recommend you start at <https://isweb.nymc.edu> The system will prompt you for your login name: Enter your *FirstName_LastName*, e.g., Joe_Smith. Press Enter.

You will be prompted for your Password: Type the word change all lowercase followed by your capitalized FirstInitial, LastInitial, TwoDigitBirthMonth, and TwoDigitBirthDay all together, e.g., **changeJS0901 (Last four digits are MMDD)** Passwords are syntax and case sensitive. You will be prompted to change your password the first time you login. This change is required!

Office Use: Status: _____ Status: _____ Status: _____ Status: _____

Completed By: _____ Account Activation Date : ___/___/___



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WARNING

The data processing equipment and data systems of New York Medical College are for authorized uses only. Access to and use of these systems and equipment is regulated by New York Medical College Policy IS-102 as well as applicable state and federal laws. Any willful misuse, interference or unauthorized modification attempted or carried out with respect to any equipment, system, program or data, or any unauthorized entry into limited-access programs or data files, are prohibited and will be dealt with to the full extent of federal and state law.