UTHealth® | Cizik
The University of Texas
Health Science Center at Houston | School of Nursing

Network Access Verification Form (for mailed forms only)

To have your IDM hold cleared by mailing in forms, please submit original signed and notarized Network Access Verification Form and the Information Resources User Acknowledgment Form. Please note that faxed or emailed documents are not acceptable.

The documents can be mailed to the Cizik School of Nursing, Student Affairs Office - Ste 220, 6901 Bertner Ave, Houston, TX 77030

Please direct any questions regarding this process to the Cizik School of Nursing Student Affairs Office at 713.500.2025 or email soninfo@uth.tmc.edu

Section 1: Your Information

First Name   Last Name   M.I.

UTHealth ID

Address   Address 2

City   State

Zip code   E-mail

Home Phone   Work Phone

Section II: ID Information

A Network Account, which is comprised of a User ID, password and email address, allows users to login to necessary UTHealth resources.
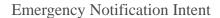
By providing the information below you attesting to the following:

I request a digital identity credential (a.k.a. Network Account) issued by The University of Texas Health Science Center at Houston (UTHealth) in order to access non-public, UTHealth information resources. In accordance with the requirements for access to non-public information resources, I have read the Information Resources Security Manual and signed the Information Resources Security Acknowledgement Form in the presence of a Notary. I have also presented the Notary **one** of the following valid, current primary government picture ID:

Driver's License

State Issued   DL Number   Expiration Date

Passport

Country Issued   Passport Number   Expiration Date

In order to access the University of Texas Health Science Center at Houston information system, please furnish the following information:

Date of Birth   Gender

Country of Birth   City of Birth

US Citizen?   If not a US Citizen, please state your country of citizenship

   Yes

   No

Section III: Signature

*I understand I will be listed in the university directory service, as I will have non-public **access to university information resources.***

Signature _____   Date_____

Section IV: Emergency Notification System

Emergency alert notifications can be sent via text if a valid cell phone number is listed below. Registering for this method of notification is not required and can be opted-out by selecting "Emergency Notification Opt-Out". Please note that text charges will apply depending on cellular phone plan. For more information visit go.uth.edu/UTHealthALERT.

Emergency Notification Intent

    Opt-in

    Opt-out

If you are opting-in, please provide a valid cell phone number

Certificate of Acknowledgment *(to be complete by a notary public)*

State of

County of

Before me, _____, a notary public, on this

day personally **appeared**_____,

known to me to be the person whose name is subscribed to the foregoing instrument

and acknowledged to me that he/she executed the same for the purposes and

consideration therein expressed.

Given under my hand and seal of office this _____ day of

_____, 20_____.

_____
Notary Seal and Signature