

ARGOS Account Request Form



Name (printed):			
MCTC ID#:		Phone #:	
MCTCNet Username:		Department:	

I request that I be granted an ARGOS account. I agree to keep this account secure, to not transfer access to any other individual or group and to treat the information to which it has access in a confidential manner and on a need-to-know basis. I further understand that all usage and information stored in this account remains the property of MCTC and that this account shall only be used to conduct the business of the College. I further agree that I have read and understand both the **IT Acceptable Use Procedure** and the **Information Security Policy** and agree to the terms and conditions of those policies and procedures.

I understand that I am expected to utilize recorded training videos to learn ARGOS basic navigation: how to log in/out, how the system is organized, how to run datablocks and reports. I understand that I will be granted Report Viewer, Report Writer, and/or Datablock Designer privileges to ARGOS based on my job function and training. I also understand that, depending on my job function, I may need to enroll in additional ARGOS training classes.

My signed Confidentiality Agreement is on file with IS. I have attached a signed Confidentiality Agreement.

Requestor's Signature:		Date:	
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To be approved by the Supervisor of the Account Applicant:

I request that an ARGOS account be created for the above-named person. Should the status of this individual change (e.g. termination, transfer to another department, etc.), I agree to notify the Information Services, in writing, to have access to the applications and services for this account modified or to have the account deactivated. I further agree that my department shall be held responsible for any charges incurred by this account.

I am requesting the following (**check all that apply**):

Argos Role:

Datablock Designer Report Viewer Report Writer

Report Folder:

Academics Attendance Pays Counselors Courses for Starfish Deans & Chairs
 Demographics Faculty Financial Financial Aid MCTC Presidents & VPs
 Recruiting & Admissions Registrar STVMAJR _____

Supervisors Name:			
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Supervisor's Signature:		Date:	
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Questions about this form should be directed to Information Services at 710-3470.
 After completing this form, please forward to the office of Information Services

Office Use Only: DB Designer Report Writer Report Viewer