Sokoine University of Agriculture

Network Access confidentiality Form

User Details

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Access required to Network/System/Application
New User [ ] Existing User [ ] Deletion of User [ ]
Full Name……………………………………………PF No…………………………..
Job Title………………………………………………………………………………
Department/School/Campus…………………………………………………………
Cell Phone Number…………………Email Address………………..
Access required to function (s) ……………………………………………
Authority Level where applicable …………………………………….
I acknowledge that: My Password will at all times remain confidential to me
 I will take all necessary precautions to ensure that no an authorized persons can gain
access to my password
Failure to adhere to the above mentioned will be viewed as a serious breach of trust and
will result severe disciplinary action
Signature……………………………………………………………………..
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Authorizing Officer

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Full Name....................................................................
Department................................................................

Work telephone number.............................................

Job Title....................................................................

 Cell Phone Number …………………………………………………………

Email Address …………………………………………………………………

I confirm that the access required is in the accordance with the user's job description.
Signature: ……………………………………………………………………
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