



The Johns Hopkins Bloomberg School of Public Health
JHSPH User Account Application for Faculty and Staff

You must be staff or faculty of the Bloomberg School of Public Health to receive an account. This account will give you access to the following JHSPH enterprise resources: email, my.jhsph.edu (calendar, web file storage, etc.) and other Web resources.

Please submit this application to the Wolfe Street building, room W3014. You must provide proof of identification in the form of your Johns Hopkins **ID badge or photo ID**. If faxing the form to 410-614-6160, please include a copy of your ID badge. Your account will be available within two business days.

Name _____ (Last, First, MI) Faculty Staff

Building & Room No.: _____ Phone: _____

Were you previously faculty, staff, student, or registered for a class here? Yes No

Choose a password: _____ (6-8 characters and include a number or special character)

Bloomberg School of Public Health Department/Division/Office (check one):

DEPARTMENTS

- BMB
- BIOSTATISTICS
- EHS
- EPI
- HBS
- HPM
- INTERNATIONAL HEALTH
- MENTAL HEALTH
- MMI
- PFHS

OFFICES/OTHER

- MPH
- BIOETHICS
- BUSINESS OFFICE
- CCP
- CLINICAL INVESTIGATIONS
- DEAN'S OFFICE
- CTLT (DISTANCE ED)
- EXTERNAL AFFAIRS
- FACILITIES
- FINANCE & ADMINISTRATION

- HUMAN RESOURCES
- INFORMATION SYSTEMS
- PROFESSIONAL EDUCATION
- RESEARCH ADMINISTRATION
- RESEARCH & GRAD. EDUC.
- STUDENT AFFAIRS
- SUPPORT SERVICES

OTHER: _____

Guidelines for Account Usage:

- Each email account has a disk quota of 500MBs. If your email account exceeds the 500MB limit, you will not receive messages. Messages will be returned to the sender.
- JHSPH account holders are responsible for the backup and retrieval of their own enterprise resources, which includes email messages.
- Accounts are only to be used for research, instruction, or other academic activities.
- This account is for the applicant's work only and may not be used by other persons.

I certify that I have read and agree to the Acceptable Use Policy and guidelines for the JHSPH accounts. I understand that failure to follow these guidelines could result in forfeiture of computing privileges or further disciplinary action.

Signature: _____ Date: _____

Approval: _____ Date: _____
 (Dept. Admin./Dept. Representative)

Do not write below this line

For Information Systems Use Only

UserID: _____ Completion Date/By: _____

Expiration Date: None or _____

Notes: _____

