

Date of Application : _____

(Year) / (Month) / (Day)

TUFS-ICC User Account Change Request Form (For Faculty and Staff)

Please make sure to read the notes related to this application form provided on the reverse side.

Basic Information

Application Type [Multiple selections allowed]			Description
App . 1	Password Reset (TUFS-ICC Account)	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TUFS-ICC Password (Blue Password)</div> For reissuing (changing) the password used to send and receive emails ,to log in to ICC Cloud Gmail and MOE (Moodle for Open Education)
		<input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Network Password</div> For resetting/changing the password used to access campus Wi-Fi (WLAno) and network services
App. 2	Email Address Change		<input type="checkbox"/> For changing university email address due to name change
App. 3	Extension of TUFS-ICC Account Usage		<input type="checkbox"/> For extending the validity of the TUFS-ICC account before its expiration
App. 4	TUFS-ICC Account Deletion		<input type="checkbox"/> For cases where the user has lost eligibility to use the TUFS-ICC account or the account has expired
App. 5	MFA Deactivation	OpenAM	<input type="checkbox"/> For deactivating MFA on OpenAM services provided by ICC
App. 6		Microsoft365	<input type="checkbox"/> For deactivating MFA on Microsoft services provided by the university
App. 7	Change of User Status		<input type="checkbox"/> For use when changing the user status

User Status	<input type="checkbox"/> Board member	<input type="checkbox"/> Full-time teacher	<input type="checkbox"/> Part-time teacher
	<input type="checkbox"/> Foreign teacher	<input type="checkbox"/> Foreign researcher (ILCAA)	
	<input type="checkbox"/> Full-time clerical staff	<input type="checkbox"/> Part-time clerical staff	
	<input type="checkbox"/> Other ()	
	Other (manager's signature required)		
Name (in Kanji or Katakana)			
Name (in Roman Alphabet)			
Affiliation		Room No.	
Phone No. (Ext. OK)			
TUFS-ICC Account User ID			
University Email Address	@tufts.ac.jp		
Reason for Application (briefly)			

Individual Information

App.1 : TUFS-ICC Account Password Reissue

Password Delivery Method:

At Application Counter Online: Delivery Address (_____)

Note: Please provide a personal email address other than @tufs.ac.jp.

App.2 : Email Address Change

Email Address You Are Applying For (New Address after Change): _____

App.3 : TUFS-ICC Account Extension

Extension Period: Until Year Month Day _____

App.5/App.6 : Deactivation of Multi-Factor Authentication (MFA)

Contact Email Address: _____

Note:

Please write a personal email address other than @tufs.ac.jp (e.g., @gmail.com). If it is the same as the non-@tufs.ac.jp contact email you wrote earlier, please indicate so.

App.7 : Change of User Status

User Status after Change	<input type="checkbox"/> Board member	<input type="checkbox"/> Full-time teacher	<input type="checkbox"/> Part-time teacher
	<input type="checkbox"/> Foreign teacher	<input type="checkbox"/> Foreign researcher (ILCAA)	
	<input type="checkbox"/> Full-time clerical staff	<input type="checkbox"/> Part-time clerical staff	
	<input type="checkbox"/> Other (_____)		Other (manager's signature required) _____

Important Notes

1. By submitting this application form, you are deemed to have understood and agreed to the terms of the “Information Collaboration Center Policy.”
2. A new TUFS-ICC password and network password will be reissued (in the case of password reissue). **The current TUFS-ICC and network passwords will no longer be valid.**
3. The TUFS-ICC User Account Notification (Reissue) will be issued **on Fridays for requests submitted by the Monday deadline** (in the case of password reissue). Please collect it at the location where you submitted your request.
4. Email addresses for administrative staff and administrative assistants will be based on their full names.
5. Obtaining multiple TUFS-ICC user accounts is not permitted. Only one account may be issued per person.
6. After completing all required fields, please submit the form to the designated location.

<< For Office Use Only >>

Date Received: _____ Year: _____ Month: _____ Day: _____ Received by: _____

ID Verified: (_____)

Remarks: