

South Florida Community College
Information Technology Department

Computer Self-Administration Policy

I understand that, as part of accepting the responsibility of administering my own computer, I will assume responsibility to ensure the following:

1. An approved anti-virus program is running at all times.
2. I will be responsible for my own backups.
3. I will not install or run pirated, cracked, "borrowed," unlicensed shareware, or otherwise illegal software on my system.
4. I will not share copyrighted files without written permission from the copyright owner.
5. I will not install any software or hardware without prior coordination with the IT Department.
6. I will keep up with all patches, service packs, and updates for my system and the software on it.
7. I will not change the local administrator password nor will I lock out the local administrator from any files or directories.
8. I will not run any servers (file, print, mail, Web, database, etc.).

I understand that if at any time the *IT* Department has reason to believe that my system has been hacked, "owned," or compromised in any way, they have the right to take that machine off the network until such time as the computer can be cleaned.

All services performed by the *IT* Department will be conducted under the normal scheduled guidelines.

I acknowledge that I have the knowledge and the willingness to do my own system administration and that, while I may contact the *IT* Department for assistance, I am willing and able to do the actual work of maintaining my computer system myself. I accept full responsibility for any potential damage caused to my system.

I understand that before administrator rights can be given to me, I must attend a Windows XP class or provide proof of expertise in administering Windows XP. (Classes are given by the E-Learning Department.)

I understand that if I do not follow the policies outlined above, the privilege of being an administrator for system purposes will be denied.

Name _____ Date ____/____/____
Signature _____

Director's Name _____ Date ____/____/____
Signature _____