Information Technology
Faculty/Staff Network ID and Email Account Request Form
(Please Print)

General Information		
Name:		
(Last)	(First)	(M.I)
Campus ID: (Access Card)	Date:	
Extension # Alternate ext. #	Fax	κ #:
Department Administrative Asst	Ext.	#
Status (Please check one):	·, ,	
Job Title:	Building:	
O Full-Time Faculty O Visiting Fac. Faculty Faculty Here until: O Full-Time Staff Staff Staff Here until:	Department: Office # (Or floor if open partitions):	
s there a shared Departmental or Building printer you will by u	sing? O YES O NO	
yes, name of network printer queue (required)		
ote: You will be asked to specify a password the first time you	u log-on to the Novell Netwo	ork.
Comments:		
Please read and sign the policy Statement of the completed and signed form to the		· ·
IT USE O	NI	

IT USE ONLY		
User name:	Call Tracking #	
Account created by:	Date:	
User notified by:	Date:	