



Information Systems Department

## Request for Faculty/Staff Network & Email Account Form

Date submitted:  Faculty/ Staff Employee ID# \_\_\_\_\_  Temp \_\_\_/\_\_\_/\_\_\_  
**Account valid until?**  
(Up to 12 months)

Last Name:	First Name:
Position:	Phone /Fax :
Department:	Location:
Department Head Name:	Department Head Signature: <b>(REQUIRED)</b>

Additional comments:

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You may have additional costs, i.e. modem connection

**Return this request to: Information Systems Department, Cobb Building, Room 235 or**

**Send completed form to [helpdesk@cdrewu.edu](mailto:helpdesk@cdrewu.edu)**

\*\*\*\*\* **Information Systems Department Use Only** \*\*\*\*\*

Email Account:	Created By:
Date Created:	Helpdesk Ticket #: