Faculty/Staff/GTRA Network Account Request Truman State University Information Technology Services

Name:			
Department:	Office Location:	Phone:	
Preferred Username: Username should conform to first-last name fo	rmat (John Doe – jdoe, johnd, doe, do	ej, etc.)	
Alternate Employee Contact In			
Department Secretary Contact			
A new Network/Email accourmeeting with Human resource Is this a new hire/position? This user is replacing: Universe applicable, this a	es at time of employme Yes No Sername	nt.	
what position is this account		<u> </u>	/
·	□ Staff		
	☐ GTRA (anticipa	ted departure date:)
This existing account needs ch what modification(s) is(are) needed to	•	e of account	_
	☐ Change Userna	me to	
	☐ Change Depart	ment to	
	☐ Other:		
Date Effective:	Employee Signature	e:	
Supervisor:(Print Name)	(S	ignature)	

IT SERVICES USE ONLY

Date Received _____

Scanned by _____

Please submit the completed form to ITS, MC 111, or fax to x7632