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 format (John Doe – jdoe, johnd, doe, doej, etc.)

Alternate Employee Contact Information: Phone:_____ Email_____

Department Secretary Contact Information: Name: _____ Phone: _____

A new Network/Email account will be created. A TruView account will be created after meeting with Human resources at time of employment.

  Is this a new account? ☐ Yes ☐ No
      (Where applicable, this access is similar to: Username _____)

    If yes, what position is this account for: ☐ Faculty

                                      ☐ Staff

                                      ☐ GTRA (anticipated departure date: _____)

    If no, what modification(s) is(are) needed to the existing account? Username of account _____

                                      ☐ Change Username to _____

                                      ☐ Change Department to _____

                                      ☐ Other: _____

Date Effective: _____ Employee Signature: _____

Supervisor: _____   _____
          (Print Name)   (Signature)

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

IT SERVICES USE ONLY
Date Received _____
Date Scanned _____
Scanned by _____