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

Name:			_
Department: (Office Location:	Phone:	_
Preferred Username:	mat (John Doe – jdoe, johnd, d	loe, doej, etc.)	
Alternate Employee Contact Information: Phone:		Email	-
Department Secretary Contact Information: Name:		Phone:	-
A new Network/Email accoun meeting with Human resource Is this a new hire/position?	es at time of emplog Yes □ No		l after
(Where applicable, this a	access is similar to: U	lsername/	_)
what position is this account f	or: 🛛 🗆 Faculty		
	□ Staff		
	🗆 GTRA (ani	ticipated departure date:))
This existing account needs cha what modification(s) is(are) needed to	•) sername of account	
	🗆 Change U	sername to	
	Change De	epartment to	
	□ Other:		
Date Effective:	Employee Sign	ature:	
Supervisor:(Print Name)		(Signature)	
Please submit the completed	form to ITS, MC 11	1, or fax to x7632	

IT SERVICES USE ONLY		
Date Received		
Date Scanned		
Scanned by		