



**NETWORK ACCESS REQUEST FORM**

Please allow 7 working days to process. Return form to Information Technology Services, Stone 204.

Employee ID: \_\_\_\_\_

(Please print or type legal name of user as listed on his/her Social Security Card)

Name (for New Account **OR** Former Name for Name Change Request):

\_\_\_\_\_ Last First Middle

\*\*\*Name Change (New Name): \_\_\_\_\_  
Last First Middle

Position Title: \_\_\_\_\_

Phone Extension: \_\_\_\_\_ Office (Building/Room): \_\_\_\_\_ Dept: \_\_\_\_\_

Job Status: \_\_\_\_\_ Full-Time \_\_\_\_\_ 30-Hour w/Benefits \_\_\_\_\_ Part-Time/Temporary

\*\*\* Name Changes for Faculty with Moodle Courses can only be done between semester breaks

**PLEASE INDICATE THE SYSTEM ACCESS REQUESTED:**

- Domain User Account (PC Login)
- Email Account
- Faculty Access (Student Data-Registration)
- Work-Study Access (Provide additional information below)
- FTP Access
- Distance Learning
- Copier/Printer Access

**\*\*Colleague Access:**  
Production: \_\_\_\_\_

Test: \_\_\_\_\_

**Databases Needed:**

ST: \_\_\_\_\_

CF: \_\_\_\_\_

HR: \_\_\_\_\_

**\*\* Please complete Colleague Security Request Form also**

**PLEASE INDICATE ANY NEEDS SPECIFIC TO THIS USER IN THE SPACE BELOW:**

**Employee:**

I have read and accept the Information Technology Resources Acceptable Use Policy in the SCC Personnel Manual. I will maintain the confidentiality of my password and ensure data integrity.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**Access Approval:**

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

**For Information Technology Services Use:**

Domain User ID: _____	Notes:
Colleague User ID: _____ Unix # _____	
Email User ID: _____	
User setup by: _____	
Date user added: _____	