

# FACULTY/STAFF

## Integrated Information Technology Services E-mail ID Request Name Change Form

Please complete Section I. Read the statement in Section II and sign your name. Print your name twice in the two boxes at the bottom of the page. PLEASE PRINT LEGIBLY (Your form will be returned if it is unreadable). Please return the completed form to The Computer Help Desk, Room 378 in the basement of the Library.

Previous User Name: \_\_\_\_\_

Rev. 7/03

### Section I:

Name: \_\_\_\_\_

1	2	3	4	5	6														
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First M. I. Last

Div/Dept: \_\_\_\_\_ Building: \_\_\_\_\_ Room #: \_\_\_\_\_ Extension: \_\_\_\_\_

I am:  Staff Exempt  Staff Non-Exempt (e.g. SCT)  Faculty  Adjunct  Contract  Other: \_\_\_\_\_

**Section II:** I understand that this account has been given to me as part of my employment at Utica College. The ID and password assigned to me are to be used only by me (**I will not share my user ID or password with anyone**). The Internet and electronic mail, like any other College resource, is to be used solely for College business. Abuse of this account will be automatic grounds for disconnect and possible disciplinary action.

\_\_\_\_\_  
Signature

**Section III:** I am requesting this account on behalf of the above individual.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
Signature

### OFFICE USE ONLY:

IITS Signature: \_\_\_\_\_

Group #: \_\_\_\_\_

Date Received: \_\_\_\_\_

User ID: \_\_\_\_\_

Date Completed: \_\_\_\_\_

User #: \_\_\_\_\_

Password: \_\_\_\_\_

\*\*\*Please fill in your name only in the boxes below\*\*\*

Name: _____
User ID: _____
Password: _____
Your E-mail Address is: _____@utica.edu

This is your UC e-mail account information. Please call the Computer Help Desk at x3115 for any questions.
Name: _____
Department: _____
Date Completed: _____