ETBU - NETWORK ACCOUNT

Please check one:			
FULL TIME STAFF	FULL TIME FACULTY	ADJUNCT FACUL	.TY (Term)
PART TIME STAFF	STUDENT WKR	OTHER	
Start Date:	Person replacing:		
Last Name (Print)	First Name – (that you co	mmonly go by)	Middle Initial
Building/Office Number	Phone Extension	Temporary Password – Minimum 8 characters (all lowercase)	
Department	Director/Dept. Chair Signa	iture S	upervisor Phone Ext
	rname and contact you. Your ETE		
By signing below, I acknow Regulations" available at w "Computer Information For will, to the best of my know any account assigned to m individuals. I also understal violation of Texas State cri	rledge that I have read the "ETBU Crww.etbu.edu/it/legal/policies-prod New Employees" sheet available at rledge and intent, abide by those rege is for my use only and that my past and that unauthorized use of any use minal law and that any unauthorized ciplinary action or legal prosecution.	omputer Network Policicedures and received a www.etbu.edu/it/form gulations and guidelines sword is not to be giver mame other than my ow I use will result in the los	es, Procedures, and nd read the send certify that I understand that nother way be a
New Employee Signature		Date	
Alt email address:		Cell phone #:	
I.T. Use Only: Initial as completed			
Email Acct V-mail Domain Acct POISE	PC Name Chg	_	2) Danna 3) Glenn 4) Tech
Assigned Username:		Data I	
Poise User name:		Date Received	
CampusConnect ID:		AA emailed	
Computer Name:	ETBU#	AA cleared	