



Special Account Request Form

Please type or print clearly. Account should be activated within 48 hours of the receipt of this document in Information Technology Services. Recipients will be notified by email at the address provided below. **ALL INFORMATION IS REQUIRED**

First Name: MI:

Nickname (if applicable):

Last Name:

SSN: Gender: Male Female

Birthdate: Personal Email Address:

Home Address:

City: State: Zip:

Home Phone: AC Office Phone:

Business Name: Department:

Title (must have a title):

Building: Room:

Account Services Requested: Email Address VPN Access Other

Reason for a Special Account creation (be specific):

Approval: (The next section must be filled out by the Department Chair or higher supervisory personnel in the direct chain of command for the applicant submitted on this form.)

Printed Name: _____

Signature: _____ Date: _____

Colleague ID _____ Account Termination Date: _____

(A reasonable specific date must be provided or the account will terminate one year from the date of entry. A Special Account costs the College resources and should be used only in the case of mission essential requirements.)

Information Technology Services Approval:

Approval Signature: _____ Date: _____

Entered by: _____ Date: _____

Please return or mail signed form to ITS Division, SSC 250, Attn: Rose Dukes or fax to (806) 371-5471.

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This is a publication of Information Technology Services. For further assistance, please contact the Technology Information Center (806-371-5100) or email helpdesk-it@actx.edu.