Technology Information Page



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**

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First Name: _____ MI: _____

Nickname (if applicable): _____

Last Name: _____

SSN: _____ Gender: ◯ Male ◉ Female

Birth date: _____ 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 ◯ 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 the Office of the CIO, WSC SSC 250 or fax to (806) 371-5471.

Last updated: August 15, 2011