

**Faculty/Staff
New Account Request Form**

Please Print Clearly

LAST NAME: _____ FIRST _____ M.I. _____

SOU ID #: _____

JOB TITLE: _____

DEPT: _____ OFFICE #: _____ PHONE: _____

Please check your appropriate category boxes below:

- | | |
|---|---|
| <input type="checkbox"/> Permanent Faculty | <input type="checkbox"/> Adjunct Faculty |
| <input type="checkbox"/> Staff (Unclassified) | <input type="checkbox"/> Staff (Classified) |
| <input type="checkbox"/> Student Employee | <input type="checkbox"/> Other(specify) _____ |

Account Type (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Network/Email | <input type="checkbox"/> Banner Student/Finance/HR | <input type="checkbox"/> Email-only Account |
|--|--|---|

Intended use for Banner Account: _____

If you need the same Banner access as another user, please list their name here: _____

IMPORTANT INSTRUCTIONS – Sign below and submit to your VP/Director/Dean or Chair. Once completed, send this form to the Information Technology department through your Computing Coordinator or the IT Help Desk.

I have read and agree to abide by the **SOU Acceptable Use Policy** regarding the computer account(s) requested.

User Signature: _____ **Date:** _____

INTERNAL USE ONLY ROUTING SLIP	
Ticket Number:	_____
Account Name:	_____
Banner Name:	_____
VMS Group:	_____
VMS Funct Area:	_____
Date / Initial	
Date Received:	_____ / _____
Banner Acct:	_____ / _____
Network Acct:	_____ / _____
Notified:	_____ / _____
Spoke to:	Left message: _____

Must be completed by VP/Director/Dean or Chair

Account Duration: Indefinite Temporary (Enter expiration date here) _____

LONG DISTANCE CALLING CODE:
List an Index Code to authorize a Long Distance Calling Code for this employee _____

Signature of VP/Director/Dean/Chair: _____ **Date:** _____

Name (please print): _____ Title: _____