EMAIL / NETWORK ID

PLEASE FILL OUT ON COMPUTER

Department:				Start/End Date:	
First Name:	Middle Na	me:	_Last Name:_		
ID Number:	Preferred Name:				
Position Title:		Office Location:			
What is your seminary	ext. (4-digit, calls	directly to you, no	ot to your office	/secretary)?	
	If this accour	nt is to be closed,	 . please fill out	the following:	
		Closing A		g .	
Did this user have G	oogle Docs? Y	'es No			
What sbts.edu email	accounts need to	be forwarded to t	his user's acco	unt?	
If this account i	-			ge, please fill out the foll	owing:
	Opening <i>i</i>	Account	Name/Position	on Change	
Date of previous use	r's last day:				
Is this user replacing	another? If so, w	hom?			
password. You will be	e required to char tal letters, lower o	nge your password case letters, numb	d at first logon. ` ers, or symbols	e We will provide you a Your password must cons . The password must be a	
This information will I	e used for the tir	ne clock and appro	opriate email di	stribution:	
Staff (Salarie	d)	ull-Time	Faculty		
Offices (Hour	y)	Part-Time	Other		_
Print Name of Authoriz	ing Supervisor: _				
Signature of Authorizing Supervisor:				Date:	
For Campus Technolog	y Use Only	Info Login:			
Received:		Email Address:@sbts.edu			
Completed:		ADDR AD CM VMD Grouper			
Password:		Gmail: OU:			
Notify Date:		All Mailboxes: EX User: Apps: IP Phone:			
Notified:		CE:	911:	SF:	