

TELEPHONE AND COMPUTER SETUP REQUEST FORM

Please complete this form and return it along with the green Faculty/Staff Computer Account Request Form to Smyth Hall Room 85.

NAME _____
LAST FIRST MIDDLE INITIAL

COLLEAGUE ID NUMBER _____

TITLE _____

DEPARTMENT _____

BUILDING _____ ROOM NUMBER _____

TELEPHONE EXTENSION _____ RESET PASSWORD? Yes or No

NAME OF PERSON YOU ARE REPLACING _____

Date Submitted _____

For Office Use Only

Username: _____

Telephone	Ext: _____
<input type="checkbox"/>	Phone Identity (Name changed on extension to view current owner)
<input type="checkbox"/>	Change password keeping messages and greetings
<input type="checkbox"/>	Change password deleting messages and greetings
<input type="checkbox"/>	Completed by: _____ Date: _____

Domain Password: _____	IP Address: _____
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Change Netscape Email Profile	
Installer: _____	
PC: Reimage/Change Profile/New PC	Naz ID: _____
PC Completed By: _____	Date: _____