

Idaho State
UNIVERSITY
College of Education

COE Computer Account Request Form

Please be sure to complete **all** appropriate sections of this form and ensure **all** required signatures are obtained.

Please send completed forms to coehelp@isu.edu or deliver to the technology office in Albion 113F.

Incomplete forms will not be processed. Please allow 2 business days for processing.

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Bengal ID: _____ ISU Email: _____ Campus Phone: _____

Department: _____ Position: _____

Status: Staff Faculty Adjunct TA/GA Student Employee Other: _____

Is the applicant's employment temporary? Yes No If yes – termination date: _____

Employment Start Date: _____ Office Location: _____

Workstation applicant will be using: _____

(If a workstation is unavailable, please complete the Workstation Request Form)

Applicant's Supervisor: _____ Phone: _____

Access Information

What systems does the applicant need access to?

Windows computer access Printing

COE Share If yes – list sites and folders: _____

SSPE T:\ PR T:\ IMC Koha and File Share Filemaker Pro

COE Faculty Mailing List COE Staff Mailing List COE Graduate Assistant Mailing List

Other Access: _____

Signatures and Approvals

Applicant: _____ Date: _____

Supervisor: _____ Date: _____

Department Chair: _____ Date: _____

IT Use Only:

Date Received: _____ Ticket #: _____ Date Completed: _____ Completed By: _____