



# OGLETHORPE

UNIVERSITY

## IT Services Account Request Form for Faculty and Staff

This form should be filled out by the hiring manager for all new employees. Please complete a Sponsored Account Request Form for partners, volunteers, consultants, contractors and all others.

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First Name:

Last Name:

Preferred Name:

E-mail Address:

Title:

Department or Division:

Colleague ID Number:

Start Date

Account Type (Please Choose One):

Staff

Faculty

Student Worker or Work Study

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All accounts include e-mail, a computer login with network storage and an Oglethorpe ID card. Please list any additional access needed below.

Shared or Departmental Folder:

E-mail Distribution List:

Shared Mailbox or Calendar:

Electronic Door Access:

Colleague Access:

If checked please fill out a Colleague Access Request form and attach.

Other:

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Dept. Chair / Supervisor Signature: