



Faculty & Staff Email Account Request Form

User Information

Print _____
First Name Middle Initial Last Name

Print _____
RAM ID# (if applicable) Birthday Telephone

Print _____
Department Building, Room# Title

Email Account Details

☐ Faculty ☐ Staff ☐ Consultant ☐ Organization\Department

☐ Part-Time ☐ Full-Time ☐ Temporary

☐ Create Account ☐ Disable Account ☐ Delete Account

Comments:

Supervisor Signature

Date

OIIT Representative Signature

Date

For ASU-OIIT Use Only:

User Logon: _____

User Groups Assigned: _____

User Password: _____