



**INFORMATION MANAGEMENT & TECHNOLOGY**  
**LAN Administration**

*Novell Netware/GroupWise Account Request/Maintenance*



User Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_  
*LAST NAME FIRST NAME MI REQUIRED (ID ON SUNY BADGE)*

Extension \_\_\_\_\_ Department \_\_\_\_\_ Title \_\_\_\_\_ Building/Room# \_\_\_\_\_

**THE FOLLOWING REQUEST REQUIRES DEPARTMENT HEAD/DIRECTOR APPROVAL.**  
**NURSING STAFF REQUESTS REQUIRE THE APPROVAL OF THE NURSING DIRECTOR OR NURSE MANAGER.**  
**PLEASE MAKE SURE THIS FORM IS SIGNED IN THE DESIGNATED AREA BELOW.**

**NEW ACCOUNT**

Same Function As: \_\_\_\_\_ Email Account (GroupWise) Yes No  
*(Enter a person's name to model your account after)*

*Note: Email should not be used for confidential and/or personal correspondence. All mail and calendar items are purged after 180 days, if you need to keep anything older than 180 days you must print it or manually archive it.*

I need access to these files and directories: \_\_\_\_\_

**MOVE ACCOUNT**

Current ID \_\_\_\_\_ Current Server \_\_\_\_\_

Move user directory (U: drive): YES NO If NO, should files be transferred to another user? YES NO

Same Function As \_\_\_\_\_ New Dept \_\_\_\_\_  
*(Enter a person's name to model your account after)*

**DELETE ACCOUNT**

**IMT deletes user accounts and files within 24 hours after receiving the daily termination report from Payroll.**

User ID \_\_\_\_\_ Server \_\_\_\_\_

Reason for deletion (check one):  Moved to another department  Employment/Affiliation with SUNY Upstate terminated

**MISCELLANEOUS REQUEST**

This section is for miscellaneous requests for access to directories, applications, other user's data and/or email accounts, etc. Please explain your request below.

\_\_\_\_\_  
\_\_\_\_\_

**NOTIFICATION**

Please notify \_\_\_\_\_ at email address \_\_\_\_\_@UPSTATE.EDU  
when this request has been completed. **MUST BE AN UPSTATE EMAIL ADDRESS.**

**DEPARTMENT HEAD/NURSING DIRECTOR/NURSE MANAGER'S APPROVAL**

**I hereby acknowledge that by signing this account request form, the above-named person is a SUNY Upstate Medical University employee or affiliate and needs this account for the performance of his/her job.**

Approver \_\_\_\_\_ Title \_\_\_\_\_ Extension \_\_\_\_\_

Signature \_\_\_\_\_ Upstate ID# \_\_\_\_\_ Date Signed \_\_\_\_\_

**Call the Help Desk at 464-4115 to get a reference number BEFORE faxing this form.**  
FAX completed form to 464-4126, ATTN: LAN Administration.