



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.