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.