



Technology Services Network/Email Access Form

Effective: 05-04-2022
Supersedes: All

Today's Date _____

Requestor's Information

Contact Name _____
Title _____
Department _____
Phone Number _____
E-mail _____

If Employee requires CIS system access, a System Access form must be completed. This form is available from Technology Services and on GCnet under Technology Services

If Employee requires equipment, an Equipment Request form must be completed. This form is available from Technology Services and on GCnet under Technology Services

Employee's Information

New Moving Name Change

First Name _____
Middle Name _____
Last Name _____
Generational Qualifier (Sr. Jr, etc.) _____

Title _____
 Faculty Staff

Location _____

Department _____

Phone Number _____

Fax Number _____

Contract Length _____

Full Time Part Time

Network Information

Is a Network Login account required?

Yes No

Is an e-mail account required?

Yes No

Which campus will the employee be working at?

Dallas Lincoln Kimbrell

Which departmental shared (network) drives should this employee have access to?

Which e-mail groups should this employee be included in?

Additional comments or requests?

Requestor's Signature: _____

Date: _____

By signing this form employee agrees that he/she has read the Acceptable Use Policy (AUP) entirely and takes responsibility for any and all actions that violate the AUP. AUP is located on the Gaston College Intranet under Technology Service forms.

New Employee's Signature: _____

Date: _____

Information below to be completed by Network Services

Network ID: _____ Temp Password: _____ Completed By: _____ Date: _____

Department of Technology Services