

**BLUE RIDGE COMMUNITY & TECHNICAL COLLEGE
COMPUTER ACCOUNT REQUEST FORM
(Please print or type)**

Please mark:

_____ Full-time _____ Part-time _____ Temp Agency _____ Staff _____ Faculty

Instructions: This form is to be completed by the user and signed by the supervisor. Be sure to provide all information requested because this information is necessary to properly identify the user. Please return the completed form to IT Services.

EMPLOYEE

Name _____

_____ Last First Middle

Home Address _____

_____ Street or P O

_____ City State Zip Code

Home Telephone Number _____

Department _____ Title _____

Employee School Telephone Extension _____

SUPERVISOR

Name _____

_____ Supervisor Signature

_____ Date

Estimated Employee Start Date _____

Please list any network drive access needed _____

Note: Part-time employees must have their accounts renewed each semester. It is the supervisor's responsibility to notify IT Services of continuance or terminations.

HUMAN RESOURCES

Social Security # _____

Gender _____ M _____ F

Birth Date (MMDDYYYY) _____

Ethnic Background _____

_____ Human Resources Approval

Employee C# _____

Employee Account Name _____

Employee Email Address _____

_____ IT Services