

**Computing Services Center  
Account Change Request Form  
For Faculty/Staff**

INTERNAL USE ONLY ROUTING SLIP	
Ticket Number:	
Account Name: old new	
Context: old new	
Banner Name: old new	
VMS Group:	
VMS Funct Area:	
Date/ Initial	
Date Received:	/
Banner Acct:	/
Novell Acct:	/
Notified:	/
Spoke to: <input type="checkbox"/>	Left message: <input type="checkbox"/>
Clientele Added:	/

**Please Print**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPT: \_\_\_\_\_

OFFICE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**VERY IMPORTANT -User Signature Required**

I have read and agree to abide by the SOU Acceptable  
Use Policy regarding the computer account(s) requested .

User Signature: \_\_\_\_\_

**To be completed by Manager/Dean (for Context change or Long Distance Code Authorization,  
New Manager completes)**

**LONG DISTANCE CALLING CODE:**

Fill in an Index Code to authorize a Long Distance Calling Code for this employee \_\_\_\_\_

Manager/Dean's Name Printed: \_\_\_\_\_

Manager/Dean's Title: \_\_\_\_\_

Manager/Dean's Signature: \_\_\_\_\_

**Name Change Only:**

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_

**FOR BANNER SIS and VMS ACCOUNTS ONLY:**

(For BANNER FIS accounts contact Chris Stanek at 2-8786)

Request Banner SIS Account name change

Request Banner SIS Department change

**Department (Context) Change:**

Former Department \_\_\_\_\_ New Department \_\_\_\_\_

Special Rights Request: \_\_\_\_\_

Distribution List Requirements: \_\_\_\_\_