Western Oregon University

Computer Access/User Information Request Form

Please provide photo ID with this form

_____-_____-_____ **V#** _____ _____DEP_____

Social Security Number **Department**

Name:_____ _____

Last **First** **Middle** **Preferred First Name**

Permanent Address: _____

Street

_____

City **State** **Zip Code** **County**

Home Telephone: _____ **Cell/Message Telephone:** _____

Emergency Contact: _____ _____

Name **Phone**

Gender: ____ **Male** _____ **Female** **Date of Birth**: _____

I will need the following access: (Check all that apply)

__X__ **User ID/E-mail Account**

____ **Drives** (Please specify) _____

__X__ **Other** (Please specify) ___online grading (SIAINST)_____

(Note: All access is pending University Computing Approval)

I agree that the above information provided is true and current to the best of my knowledge.

_____ _____

User Signature **Date**

_____ _____

Supervisor/Department Signature **Date**

For office use only:

_____ PPAIDEN _____ SIAINST _____ ARRIVAL NOTICE _____ ID CARD _____EMAIL