ETBU - NETWORK ACCOUNT

Please check one:			
FULL TIME STAFF	FULL TIME FACULTY	STUDENT WKR	
PART TIME STAFF	ADJUNCT FACULTY (Term)	GRAD ASST:	
Start Date: I	Person replacing:		
Last Name (Print)	First Name – (that you o	commonly go by)	Middle Initial
Building/Office Number	Phone Extension	·	
 Department	Director/Dept. Chair Sign	 nature	Supervisor Phone Ext
Doparanom	3		•
** IT will assign your username and contact you. Your ETBU email address will be your			
username@etbu.edu			
By signing below, I acknowledge that I have read the "ETBU Computer Network Policies, Procedures,			
and Regulations" available at www.etbu.edu/about-etbu/campus-offices/institutional-technology/ Iegal and received and read the "Computer Information For New Employees" sheet available at			
www.etbu.edu/it/forms and certify that I will, to the best of my knowledge and intent, abide by those regulations and guidelines. I understand that any account assigned to me is for my use only and that my			
password is not to be given to other individuals. I also understand that unauthorized use of any username other than my own may be a violation of Texas State criminal law and that any unauthorized use will			
	ing privileges and possible discipli		
New Employee Signature ₋		Date	
Alt email address:			
I.T. Use Only: Initial as complete	d		
Email Acct Phone	Outlook	• -	
Domain Acct V-mail Zoom POISE	PC Name Chg PW Force Chg		2) Mara 3) Lauren
POISE	PW Force Clig	PW	4) Tech
Assigned Username:		D. (
Poise User name: Date Received			
CampusConnect ID:		AA	emailed
Computer Name:	ETBU#	AA cleared	