CSC INFORMATION TECHNOLOGY
REQUEST FOR EMPLOYEE COMPUTER ACCOUNT

Last Name: _____

First Name: _____

Department: _____

Title: _____

Supervisor's Name: _____

Personal Phone #: _____

Email Address: _____

   ***Personal phone number and/or email address may be used to provide account information.

Your signature indicates your commitment to follow the NSCS Information Security Policy and Standards.

Cyber Security Training completion is required prior to granting access to any application software such as Canvas and PeopleSoft, and issuance of the EagleCard ID.

Employee Signature: _____ **Date:** _____

Please return completed form to:

Human Resources		*Information Technology in Miller 115*
Sparks 125	**OR**	*or IT Help Desk in LLC*
hr@csc.edu		*helpdesk@csc.edu*
Fax: 308-432-6065		*Fax: 308-432-6471*