



## Network Account Request

### Box A – Applicant Information (to be completed by applicant)

Full name including middle initial: \_\_\_\_\_

Preferred first name if different from above: \_\_\_\_\_

Current Contact Information Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Applicant affiliation with Acadia:  faculty/staff  guest (one year maximum)  
 End date: MM/DD/YYYY

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Comments: \_\_\_\_\_

New account  Extension of existing account's expiration date (skip to Box B)

**Type of account:**  Network account  Email account also required

**Additional details:** Shared folder access \_\_\_\_\_  
 Other \_\_\_\_\_

Datatel (follow instructions at <http://financial-services.acadiau.ca/request-account.html>)

Eden (follow instructions at <http://www.acadiau.ca/registrar/EdenOAAccessForm.pdf>)

**I agree with this network account request and further agree to read and comply with University Computing policies (<http://ts.acadiau.ca/technology-services-policies.html>):**

Signature of applicant (**required**): \_\_\_\_\_

### Box B – Department Authorization (to be completed by Department Head)

Department Head (please print): \_\_\_\_\_

Department: \_\_\_\_\_ Ext.: \_\_\_\_\_

Date: \_\_\_\_\_

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

**NOTE:** Forward faculty/staff account requests to HR and guest account requests to Technology Services.

### Box C – Human Resources Use for Faculty/Staff account requests only

Employee ID: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

### Box D – Technology Services Use Only

Date Completed: \_\_\_\_\_ by: \_\_\_\_\_

