

PHONE/VOICEMAIL/NETWORK ACCOUNT REQUEST FORM

Place in Information & Electronic Services mailbox when complete

Name: _____ PI: _____

Date Requested - / -

Building/Room # _____

The desk is located _____

Please check at least one box in each category:

PHONE/VOICE MAIL:

Use existing telephone outlet and move extension _____ to it.

Create new telephone outlet and move extension _____ to it.

Share extension _____ with someone else.

Phone not needed.

NETWORK/EMAIL ACCOUNT:

e-mail account

Create a new network connection.

Can use an existing network connection.

Network connection not needed.

Need TCP/IP address.

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FILLED OUT BY IES STAFF

Account Name: _____

Login Name: _____

Password: _____

Phone Number _____

Date Completed _____ Signature _____

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