

Technology Services

Account Request/Preservation Form

Please complete this form by **TYPING** all required information. Print the form, provide signatures and fax the form to (504) 988-8505, or scan the form and e-mail to accounts@tulane.edu. Requests will not be processed if signatures are not provided.

If you intend to teach using Blackboard, your account must be created in Banner Student System. Please contact the Registrar's Office so they can enter your profile into Banner. DO NOT use this form!

Last Name:	First Name:		M.I.:
Tulane ID if known:	Phone:		
Date of Birth (mm/dd/yyyy)*			
Personal E-mail Address:			
Address:			
City:	State:		Zip:
* Use for account verification	<u>, </u>		
	Requesting Dep	artment	
Department:			
Dean/Director/Department Head:			
E-mail Address:		Phone:	
	Affiliatio	n	_
Non paid staff	_		Community Voluntoer
<u>_</u>	olar (non-teaching) □	Contractor	Community Volunteer
Emeritus Faculty Other	Specify		
	Type of Acce	ount	
Full Access ☐ LDAP Only ☐	Library Remote Access	☐ E-mail Only ☐	Account Preservation
I have reviewed the Account Accept Tulane Information Security Office network use, e-mail and file sharing.			
Requester Signature			Date
Authorized Department Signature		[Date
* * * FOR TE	ECHNOLOGY SEF	RVICES USE	ONLY * * *
Received Date:		Authorized By:	
Account Start Date:		Account End Date:	