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Information and Technology Services Account Request Form

1	Contact Information	:	
		Home Phone	Unlisted
	Full Name (Please Print)	Work Phone	
	Mailing Address:		
	E-Mail Address:		
2	Relation to IMSA _	Student: Class of	Alumnus: Class of
	Other: (Board Member, Guest, Special Project, Etc)		
3	letters and/or numbers, be first choice of a user name		
	Primary Choice:		
	Secondary Choice: _		
	Tertiary Choice:		
4	Signature and Date - ITS will not process unsigned requests		
	Signature		Date
5	Internal Use:		
	IT Policy and Honor Code Acceptance Form		
	System Administrator Sig	nature	Date