

August 26, 2004

**ARKANSAS STATE UNIVERSITY
INFORMATION TECHNOLOGY SERVICES**

Faculty/Staff Application for Network ID/E-Mail Address

You must be an ASU employee to apply for a Faculty/Staff Network ID/E-mail address.

NOTE: Please attach a copy of the Employee Authorization form when submitting this form.

The following information must be provided to identify you and verify your employment:

Full-Time Faculty Staff Temporary Full-Time Faculty Temporary Part-Time Faculty

Name: _____

ASU ID#: _____

Department Name: _____

Building Name: _____

Signature: _____

Date: _____ Phone: _____

This form may be faxed to 972-3839; hand delivered to Information Technology Services, or sent through inter-departmental mail.

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The following is completed by Information Technology Services
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Network ID: _____

Password: _____

Your complete e-mail address will be: (Network ID (see above)) @astate.edu