

**CSC INFORMATION TECHNOLOGY
REQUEST FOR EMPLOYEE COMPUTER ACCOUNT**

Last Name: _____

First Name: _____

Department: _____

Title: _____

Office Building: _____

Room Number: _____

Office Phone Number: _____

CSC tag number(s) of computer(s) assigned to you: _____

Phone Number (to be used for providing account information): _____

Your signature indicates your commitment to follow the Department of Information Technology Policies as published on the Technology web page.

Employee Signature: _____

Date: _____

Please return completed form to:

*Human Resources
Sparks 125
hr@csc.edu
Fax: 308-432-6065*

OR

*Information Technology
Miller 115 or IT Help Desk in LLC
helpdesk@csc.edu
Fax: 308-432-6471*