

User Account Request Form

Please contact the college helpdesk at 486-0777 to receive a Ticket number before filling out this form.
Please fill one sheet per request and **drop off at MLC 710 or Fax to 486-9002.**

In addition to this form, please make sure to attach a signed copy of the Computer Security Agreement Form
(available at <http://share.alamo.edu/sac/ots/OTSDocuments/Computer%20Security%20Agreement.pdf>)

Manager/Supervisor Information

Full Name: _____
 Last _____ First _____ M.I. _____
 Position/Title: _____
 Department: _____
 Telephone: _____ Building / RM#: _____
 E-mail Address: _____

Employee Information

Full Name: _____
 Last _____ First _____ M.I. _____
 *ACES User Name: _____ BANNER ID: _____
 (Email Account)
 Position/Title: _____
 Department: _____
 Telephone: _____ Building / RM#: _____
 Faculty: Staff: Other: **Term of Service: _____
 (ex: mm/dd/yy to mm/dd/yy)

Ticket # (provided by helpdesk agent): _____

If you do not have an ACES ID, please fill out the "Special Purpose Network Account Request Form" located on our website at <http://www.alamo.edu/sac/ots/>

***All Work Study, Temps or Contract employees will need to submit a "Term of Service" which indicates how long access is needed.(ex: mm/dd/yy to mm/dd/yy)*

Authorization

Supervisor/Manager

Date Of Request

Support Representative

Date Of Completion