

ENS Network Access Request Form

(Please Print Legibly)

Name: _____

Office/Lab Location(s): _____

Office Phone: _____

EOHSI Division: _____

Status: Faculty Staff Other _____

Student: Undergraduate Graduate/Fellow

E-mail Address _____

Full-time Part-time Temporary: From ___/___/___ to ___/___/___

Requesting:

E-mail Account (Staff and Faculty only- **Rutgers NetID required**)

Rutgers NetID: _____

Shared Access Drives and Printers: List directories, folders, and printers the user needs. _____

Your signature below indicates your acceptance of the following conditions:

EOHSI Active Directory and Rutgers Connect Accounts are for Official EOHSI Business Use ONLY.

User: _____
User's Signature _____ Date _____

Supervisor: _____
Print Name _____

Supervisor's Signature _____ Date _____

FOR OFFICE USE ONLY:

ENS Manager: _____
Signature _____ Date _____

New E-mail: _____@eohsi.rutgers.edu

New Domain: _____eohsi.local

