

ENS Network Access Request Form

Name: _____
(Please print)

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 Drives: List directories to which the user needs access.

Your signature below indicates your acceptance of the following conditions:
EOHSI Active Directory and Zimbra Accounts are for Official EOHSI Business Use ONLY.

User: _____
User's Signature Date

Supervisor: _____
Supervisor's Signature Date

FOR OFFICE USE ONLY:

ENS Manager: _____
Signature Date

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

