

EOHSI Network Access Request Form

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

EOHSI Directory Update Form

1. LAST: _____ DEPARTMENT: _____
FIRST: _____ EMAIL: _____
POSITION: _____
TITLE: _____
DEGREE: _____
DIVISION: _____

Type: _____
 Staff EOHSI Member NIEHS Member
 Faculty DEOM Member Part Time
 Student

2. If you would like to link to another web site, put the address here:

WEB PAGE: _____

3. Primary Office

PHONE: _____
PHONEXT: _____
FAX: _____
ROOM NUMBER: _____

Facility: _____
 EOHSI George Street
 Gordon Road Pharmacy Building
 Other Facility: _____

Campus: _____
 Busch Livingston College Ave
 Cook Douglass

4. Lab

LAB ROOM NUMBER: _____
LAB PHONE: _____

Lab Facility: _____
 EOHSI George Street
 Gordon Road Pharmacy Building
 Other Facility: _____

Lab Campus: _____
 Busch Livingston College Ave
 Cook Douglass

5. If there is more than one office or lab, please list the additional information here:

ALT. OFFICE / LAB ROOM NUMBER: _____
ALT. PHONE: _____
ALT. FAX: _____

Alt. Facility: _____
 EOHSI George Street
 Gordon Road Pharmacy Building
 Other Facility: _____

Alt. Campus: _____
 Busch Livingston College Ave
 Cook Douglass

6. Check if this person is no longer part of EOHSI.