

ITS Account Cancellation Form

☐ Network ☐ Email/Outlook ☐ VOIP ☐ Colleague ☐ Informer ☐ Doc e Scan		Effective Date	::		
☐ Remote Access					
I Nemote Access					
Employee ID#		Last Name:			
		First Name:			
		Middle Initial:			
Title:		Department:			
Building Location:		Room Number:			
Phone Number:		Extension:			
Have you ever taught a course Will you continue to work at [-		es □No	t student? □Yes □No	
Phone forwarded to:			End date:		
Current voice mail forwarded to:			All future employees that use this extension will receive a new voice mailbox. This one will be erased at this time.		
Email forwarded to:			End date:		
Contents of Computer Hard	ransferred to:				
		Americal Cha			
Position	Name	Approval Cha	nature	Date	
Immediate Supervisor	Name	Sigi	iature	Date	
ITS Executive Director	Jason Mayer				
For ITS Use Only					
Username:			l Address:		
Canvas Administrator:		Date	:		
Network Administrator:		Date	Date:		
VOIP/Outlook Administrator:		Date	Date:		
Informer/Docescan Administrator:		Date	Date:		
System Administrator:			Date:		
Desktop Support Specialist:			Date:		
Remote Access Administrator:			:		