



PERSONALIZED USER ID FORM

Once the Office of ITS (Page Hall 205) has obtained this form with **ALL** the required signatures, please allow two (2) days for processing. Use of this computing service governed by applicable Federal and State statues, the policies of Langston University and Information Technology Services (Computer Center). **Misuse or abuse of this computing system may make you subject to University disciplinary actions and criminal penalties.**

Main Campus
 OKC Campus
 Tulsa Campus
 Other

Today's Date: _____ Extension/Phone Number: _____

Name (Please Print)

First	Middle	Last

Department: _____ Building: _____ Room #: _____

Employee Being Replaced: _____

Indicate service(s) desired:

SERVICE REQUESTED	NEW	MOVE	FROM	TO	COMPLETED ON/BY (ITS use only)
Phone Auth Code					
Phone LD Code					
Voice Mail					
Admin. System (SCT)*					
Campus Network					
E-Mail Service					

***Please fill out the SCT form on the back**

An ID will be generated for you using your first name initial, middle initial and last name. **CHANGING YOUR ID AT A LATER DATE WILL NOT BE POSSIBLE.** An ID will be 3-12 characters in length. Your ID (or username) will be known by others; it is not your password. It will be the first part of your e-mail address as well as your login name. Your personalized ID will be used throughout your stay at Langston University.

Special written instructions: _____

Signature: _____ Date: _____

AUTHORIZATION SIGNATURE

ALL SIGNATURES REQUIRED:

 Department Head Signature (I UNDERSTAND AND AGREE THAT I WILL NOTIFY ITS OF ANY TERMINATIONS.)

 Date

 Vice President's Signature

 Date

PLEASE RETURN THIS FORM TO ITS IMMEDIATELY AFTER SIGNING.

PLEASE PROTECT YOUR PASSWORD BECAUSE IT INSURES THAT ONLY YOU HAVE ACCESS TO THE FILES FOR THE USER ID.

