



**Department of Information Technology
Network Account Request Form**

Today's Date

Name (First/Last)

Address 1

Address 2

City, State, Zip

Phone #

Birth Date (mm/dd/yy)

Name of Significant Other

Position Hired For

Hire Date (mm/dd/yy)

Termination Date (mm/dd/yy)
(only for temp positions)

Religious Affiliation

Ethnic Origin

IL Teaching Cert. Number

Emergency Contact 1

Relationship to you

Phone #

Emergency Contact 2

Relationship to you

Phone #

For Use by Principal's Office/HR/Development/Athletics

Background Check Clearance

Date

Form Approved

Date Account to be Created

Special Instructions