



User Account Request

Northern Nishnawbe Education Council Technical Services Department

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PROGRAM:

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DATE (d/m/y):

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REQUESTER:

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FAX COMPLETED FORMS TO TSD

USER INFORMATION (please print - ALL fields must be filled out)

Full Name:	
Title:	
Program:	
Site Details:	

Start Date:	
End Date:	
Phone & Ext. #:	
Fax & Cell #:	

ACCOUNT/NETWORK/WORKSTATION REQUIREMENTS (please check ALL applicable requirements and identify requirements in available space)

Network Account & Home Directory <input type="checkbox"/> <small>(allows access to network resources such as printers, shared drives and a home directory (g: drive) etc.)</small>	
Network Group Membership <input type="checkbox"/> <small>(associates the user w/ pre-existing network group such as "Finance", "PSP", "SSSP" etc. - membership allows access to resources specific to the group)</small>	
Special Drive Mappings <input type="checkbox"/> <small>(allows access to special and/or shared directories for projects such as special education, Web development etc.)</small>	

GroupWise Account & DL Association: <input type="checkbox"/> <small>(provides the user an e-mail account; a DL (Distribution List) associates the user w/pre-existing e-mail system group such as "DL - NNEC Sikt" etc.)</small>	
Workstation Configuration <input type="checkbox"/> <small>(identify the location of the workstation (i.e., computer) that requires configuration for the user - PLEASE IDENTIFY ANY SPECIAL SOFTWARE REQUIREMENTS)</small>	
Processed Information: Login Name: _____ Password: _____ GroupWise E-mail Address: _____	