



**Schools of Pharmacy, Nursing, and Health Sciences
Modify Computer Account Request Form**

User Information:

_____	_____	_____
Last Name	First Name	Department
_____	_____	
ITaP login	PUID (<i>NOT</i> Social Security Number!)	
_____	_____	Classification:
Office	Phone number	Faculty
		Staff
		Post Doc
		Grad Student
		Other

Accounts to add (check all that apply):

Directory	Email [†]	Calendar	Windows (select domains):	HSCID
				NURSING
				PHARMACY

† - only for Pharmacy users

Accounts to delete (check all that apply):

Directory	Email	Calendar	Windows (select domains):	HSCID
				NURSING
				PHARMACY

Reasons for request:

Signature:

By signing, applicant agrees to comply with the College of PNHS Acceptable use policy and all other relevant policies.

Applicant

Date

Please return to: Jeff Rattray
Purdue University College of Pharmacy, Nursing and Health Sciences
RHPH 301
jrattray@pharmacy.purdue.edu
(765) 496-2403

Please allow 7 to 10 working days for processing