## Marshall University Information Technology Account Request Form

Please indicate t	he type of accou	nt you v	will need:					
MUNET [ ]	MUINFO [	]	Outlook/ Exchange		MUSC	OM [ ]	Library Patron [ ]	
External [ ]	(requires addition	nal form)	_		Reside	ent? []	Campus ID? [ ]	
Name:								
Last		First				Middle		
Address:								
Street		City				State / Zip		
Identification:								
Drivers License #	MUID number (if available)				Date of Birth (mm/dd/yyyy)			
MUNET account	Mother's name				Preferred telephone number			
MU Faculty & Staff only:					Office Phone Number			
Department					Office Phone Number			
Title					Building / Office room number			
Title						building / Office room number		
I have read and accept the complete responsibility and liability for willful or negligent misuse of								
my account under Marshall University Policies related to Computer Acceptable Use and have read the								
Acceptable Use Policy located on the MU Board of Governors website, Policy No. IT-1								
Signature						Date		
Parent/Guardian signature (required if applicant is under 18 years)					Date			
Program Sponsor Name (printed) Program Sponsor						r Signature		
Internal Use:								
Server	Completed b	nv	Mailbox		Date (	Completed	Temporary account	
50,701	Completed b	1	IVIGIIDOX		Sate (	Completed	remporary account	