## **HHS Network Account Application Form**

Complete/print this form and return when completed to Network Support in Justin 122C

First Name: Prefix:	K-State EID/email:				
Department:  Office Phone:  Account Type:  Faculty  Staff  GTA/GRA  Ugrad  Staff  Grad Staff  Expiration date:  (if known)  Comments  HHSFACULTY  FNDHF&S  HMFAC  (You will automatically be subscribed to your department's listserv)  FNDHEXT  FNDHGRAD  SACGRAD	First Name:			Prefix:	
Department:  Office Phone:  () Office/Rm Number:  Account Type:  Faculty Staff GTA/GRA Ugrad Staff Grad Staff  Expiration date:  (if known)  Comments  HHSFACULTY FNDHF&S HMFAC  (You will automatically be subscribed to your department's listserv)  FNDHEXT FNDHGRAD SACGRAD	Last Name:			Suffix:	
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Account Type: Faculty Staff GTA/GRA Ugrad Staff Grad Staff  Expiration date:  if known)  Comments  HHSFACULTY FNDHF&S HMFAC  You will Buttomatically be subscribed to your department's listserv)  FNDHEXT FNDHGRAD SACGRAD	Department:				_
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Comments  HHSFACULTY FNDHF&S HMFAC  You will FSHSADM FNDHFAC HMGRAD Subscribed to your department's listserv)  FNDHEXT FNDHGRAD SACGRAD	Account Type:	Faculty Staff	GTA/GRA Ugrad	Staff Gra	ad Staff
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		FNDHEXT	FNDHGRAD	SACO	GRAD
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Approved by:					