

HHS Network Account Application Form

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

K-State EID/email: _____

First Name: _____ **Prefix:** _____

Last Name: _____ **Suffix:** _____

Title: _____

Department: _____

Office Phone: (____) ____ - ____ **Office/Rm Number:** _____

Account Type: Faculty Staff GTA/GRA Ugrad Staff Grad Staff

Expiration date: _____
(if known)

Comments

Listserv Subscriptions: (You will automatically be subscribed to your department's listserv)	HHSFACULTY	FNDHF&S	HMFAC
	FSHSADM	FNDHFAC	HMGRAD
	FNDHEXT	FNDHGRAD	SACGRAD
	HHSUSSTAFF	FNDHGRDFAC	SENSORY

Approved by: _____