



# Charles R. Drew University of Medicine and Science

Information Technology Department

## Request for Faculty/Staff Network & Email Account Form

Date submitted: / /

Faculty/ Staff Employee ID# \_\_\_\_\_

Temp: / /  
Account valid until Up to  
12 months

Last Name:	First Name:
Position:	Phone /Fax :
Department:	Location:
Department Head Name:	Department Head Signature: (REQUIRED)

Additional comments:

You may have additional costs, ie. modem connection

Return this request to: **Information Technology Department**  
Cobb Building, Room 235

- or -

Fax to: 323-563-4879  
Email: helpdesk@cdrewu.edu

\*\*\*\*\* Information Technology Use Only \*\*\*\*\*

Email Account:	Temporary Password:
Date Created:	Created By:
Helpdesk Ticket #:	