

Network and Telephone System Termination Form

The Department Head or Department Supervisor must complete this form. Fill in the requested information and press the submit button at the bottom of the page. Department Head or Supervisor email address will be treated as the signature. In order to minimize errors hand written forms will not be accepted. Please allow two business days for deactivation of the account.

User Profile

User Deletion Date:	
User First Name:	
User Last Name:	
User's Job Title:	
User's Department:	

Users Data

Should User's Email Account be deleted*	Yes	No
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*If the user's email account is deleted that users email will no longer be retrievable.

Should User's Network and PC files be deleted*	Yes	No
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*If the user's network and pc files are deleted they will no longer be retrievable.