



Touro University California
Educating Caring Professionals To Serve, To Lead, To Teach

IT DEPARTMENT: NEW USER REQUEST FORM

To be completed by Supervisor or Administrative Coordinator

***Please allow 2 weeks
for IT to prepare
accounts**

New Returning Temporary List on Faculty/Staff Website Directory

**ARRIVAL
DATE** _____

(Ms., Mrs., Dr., Mr.) First Name	Last Name	MI	Degree
Job Title	College	Department	
Building	Room #	Supervisor	Supervisor Extension

EQUIPMENT NEEDED:

Computer: Existing New Previous user : _____

Phone: Ext. # _____ New Previous user: _____

Cell Phone: **Please enter separate ticket into ServiceDesk.** _____

Fax to be used: # _____

Is there a previous user whose files, email and phone messages will need to be accessed or forwarded? _____

SYSTEM ACCESS: All new employees receive a Network, Email and Blackboard account and are subscribed to the TUCA group list.

****TOUROONE ACCESS IS
GRANTED BY HUMAN
RESOURCES**

**Blackboard

Please submit Blackboard course requests for current semester courses directly to the Registrar. For past courses and for organizations, please list the course/organization ID names and numbers on this form

For EMS Scheduling access:

Please contact Glen Lamontagne

<input type="checkbox"/> Current Student: Class _____
<input type="checkbox"/> Former Student: Class _____

Other: _____

GROUP LISTS:

Please check all that apply

- | | | | |
|-------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> GSOE | <input type="checkbox"/> School of Nursing | <input type="checkbox"/> COMMSMHS2018 | <input type="checkbox"/> COPMSMHS2018 |
| CEHS (PA Program) Classes | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2020 <input type="checkbox"/> MPH |
| COM Classes | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
| COP Classes | <input type="checkbox"/> 2018 | <input type="checkbox"/> 2019 | <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
| COM Primary Care Dept. | <input type="checkbox"/> TUCOMPC | | |

FORM COMPLETED BY: _____ **EXT:** _____

SUPERVISOR'S SIGNATURE _____ **DATE:** _____

HUMAN RESOURCES: _____ **DATE:** _____