



TRINITY CHRISTIAN COLLEGE

Computer Services – User Provisioning Request Form

Requester's Name _____ Dept. _____ Phone _____

New User Information:

First Name _____ Last Name _____ Pref. First Name _____

Dept. _____ Title _____

Bldg. _____ Room _____ Phone _____ E-mail *pref_first_name.lastname@trnty.edu*

Start Date _____ End Date (if applicable) _____ User ID *first_initial_last_name*

Computer Information:

Pick One Order new computer Use existing computer Share computer Other _____
(Indicate Budget # to Charge to)

Desktop _____ Belonged to _____ With _____

Default Printer Location: _____ Other Printers: _____

Please outline other hardware needs below (e.g. laptop, smartphone, tablet, etc.):

Software Information (check those needed):

Microsoft Office _____ Adobe Acrobat Professional _____

Outlook _____ Adobe Creative Cloud Suite _____

CAMS _____ Financial Edge _____

Moodle _____ Raiser's Edge _____

Other: _____ Other: _____

Other: _____ Other: _____

Other: _____ Other: _____

<p>Financial Edge Users: Role: _____</p> <p>Raiser's Edge Users: Role: _____</p> <p>Mapped Network Drive Access: U: Drive Drive Name: _____ Drive Name: _____ Drive Name: _____ Drive Name: _____ Drive Name: _____ Drive Name: _____ Drive Name: _____</p> <p>MyFax Account Information (if necessary): Fax Number: _____</p>	<p>Transfer Information from previous user's mapped network drives? (Y/N) _____</p> <p>Additional E-mail Accounts User will need Access to: _____ _____ _____</p> <p>Additional Calendar Accounts user will need Access to: _____ _____ _____</p>	
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Voicemail: Should the user's voicemail passcode be reset (Y/N)? _____ Should we retain existing messages (Y/N)? _____

Please outline other software needs below:

Please outline other account needs below:

Human Resources Approval: _____ **Computer Services Completion:** _____

Date: _____ **Date:** _____

For further information about Trinity Computer Services services go to our web site at: <http://cs.trnty.edu>