

HUMEC Network Account Application Form

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

K-State EID/e-mail: _____

First Name: _____ **Prefix:** _____

Last Name: _____ **Suffix:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) ____ - _____ **Birthdate:** ____/____/____

Spouse's Name (if applicable): _____

Title: _____

Department: _____

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

Account Type: Faculty Staff GTA/GRA Undergraduate Staff

Expiration date: _____
(if known)

Comments: _____

Listsrv Subscription:
(You will automatically
be subscribed to your
department's listsrv)

ATIDADM	FNDHEXT	HMFAC
ATIDFAC	FNDHF&S	HMGRAD
ATIDGRAD	FNDHFAC	SACGRAD
FACULTY	FNDHGRAD	SENSORY
FSHSADM	FNDHGRDFAC	CHEUSSTAFF

Approved by: _____

FOR OFFICE USE ONLY -
DO NOT WRITE BELOW THIS LINE

Account Created

Mail sent

Added to listservs

Database