

Texas College User Account Form

Office of Information Technology
Computer Account Request Form

Please bring a completed form and your College ID to the Information Technology
Department at 301 Martin Hall.

_____ **Mr. Ms. Mrs. Dr.**
Last Name First Name Middle Initial (Circle One)

Undergraduate _____
Faculty _____
Staff _____
Other _____
(please specify)

College ID# _____ DOB _____

_____ **Institution Department Title Major (if student)**

_____ **Phone Number Fax Number Email Address (optional)**

The information supplied on this form is correct to the best of my knowledge. I also certify that I have read and agree to comply with the Texas College Appropriate Use Policy located on the Technology Website. A copy of this form is also available in the Office of Information Technology.

Applicant Signature: _____ **Today's Date** _____

Business Use Only	
Username _____	Password _____