



BMCC Account Request Form

New Account

Modify Existing Account

Personal Information

Your **official name** must be used on this form. Please fill in all the necessary information.

Full Name: _____
Last First M.I.

DOB: _____ **Last 4 SSN:** _____

Job Information

Job Title: _____ **Department:** _____

Department's Ext.: _____ **Employee ID:** _____

Existing 91 h _____ **Room #:** _____

Hired By: BMCC.....] Research Fund.....

Classification: Full Time.....] Part Time..... Temporary.....

Role/Function: Faculty.....] Staff.....] Student-Staff.....

Resource(s): Computer..... Email..... Phone/Voicemail... BMCC ID card.

Additional Phone extension(s) to be added, if any: _____

Rm Access/Keys: _____

Comments: _____

Department Approval

Please provide ONE signature of approval before submitting this form to the Help Desk, Room S-135A

Vice-president: _____
Last First Date Signature

Director/Manager: _____
Last First Date Signature

Chairperson: _____
Last First Date Signature

Accounts will be created no longer than one business day after HR has completed the CUNYfirst employee processing.

Help Desk Use Only

Date Received: _____	AD/Email	Computer	Access/Keys
Received By: _____			
Date Completed: _____	Phone/Voicemail	Web Directory	Other
Completed By: _____			