

ESSEX COUNTY COLLEGE
INFORMATION TECHNOLOGY
CCE ACCOUNT FORM

USER PROFILE MAINTENANCE FORM

User Information

Name: _____ Login Name: _____

Affiliation: Administrator Faculty Staff Other _____

Department: _____ Date: _____

Location: _____ Extension: _____

Justification: _____

TYPE OF ACCESS:

<input type="checkbox"/> Query (capability to search data only)
<input type="checkbox"/> Maintenance Capability to do data entry, modify data, and search data)

Area Head Approval Required: _____

Departmental Approval: _____

DO NOT WRITE BELOW THIS LINE INFORMATION TECHNOLOGY PERSONNEL ONLY

Mohamed Seddiki's Approval: _____

Process Date: ____/____/____

Expiration Date: ____/____/____

Processed by: _____

NOTES: _____

