USER INFORMATION

NAME: _____ **DU ID#:** _____

EMAIL ADDRESS: _____ **PHONE:** _____

DEPARTMENT: _____

JOB TITLE: _____

_____

Form Prepared By: _____ Preparer's Phone: _____Fax: _____

APPROVING SIGNATURES

Comments:

_____   _____
1. Department Manager   Date   2. Division Head/Budget Officer   Date

_____
3. IT - EAS *(fax: 17998)*   Date
     or you may email: eas@du.edu

After obtaining all required signatures, please submit this form to Information Technology - Enterprise Applicaton Services (EAS) for processing.