INFORMATION TECHNOLOGY SERVICES
201-879-7109 | helpdesk@bergen.edu

Colleague Access Request Form

Employee Name: _____ **Bergen Username:** _____ **College ID#** _____

Department: _____ **Room #:** _____ **Phone#:** _____

Status: ◉ **FT Faculty** ○ **FT Staff** ○ **PT or Temp Staff** ○ **Adjunct Faculty** ○ **Lecturer**

Employee's Start Date: _____

PT/Temp Staff Termination Date: _____ **(Required)**

Request type: ◉ **New Account Request** ○ **Modify Existing Account**

List specific screens needed and security clearance (view or edit) for each: _____

_____

_____

_____

_____

Additional Information/Comments: _____

_____

_____

For New Accounts: **List name & ID# of employee to model account after:** _____

_____ _____ _____

Supervisor Name (print) Supervisor Signature Date

_____ _____ _____

President's Cabinet Member (print) Cabinet Member's Signature Date

Submit this form with all signatures to the Help Desk in **L154B** **or** scan & send to **helpdesk@bergen.edu**.

All requests for use of IT resources will be governed by the Bergen Community College
Acceptable Use of Information Technology Policy.