SUNY New Paltz Computer Account Change

(Please print legibly. Return the completed form to HAB 50 or fax it to 845-257-6900)

The information below is required to process your department or name change

Your first and last name ________________________________________________ (as you prefer it listed)

If you are changing names, please indicate your prior name: ________________________________

Your NPCUID (login name) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Department: __________________ Building/Room# __________________ Phone ________________

If you are changing departments, please indicate the department you are transferring from:

________________________________________

Effective date of transfer: __________________

Are you also a student at the college? Yes____ No____ Alumni/Former student _____

Are you Full Time ______ or Part Time ________

Is this a temporary account? Yes____ No____

If so – what is the expected end date: __________________

Department Contact:

Who in your department may we contact for questions pertaining to this account?

Name: ___________________________ Phone Ext. ________

Special Accounts:

If you need access to Banner or Argos - please have your supervisor e-mail Alan Mingen (mingena@newpaltz.edu) to request access.

Revised: July 2012