

## Account Request Form

Please fill in all pertinent information as accurately as possible.

### Name

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### Home Address

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Telephone Number

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

### Signature

*See center supervisor for a copy of the WinstonNet computing policies. By signing this account request form, I acknowledge that I have read and understand all WinstonNet policies. I affirm that I will accept certain privileges and adhere to these regulations during my usage of a WinstonNet account and/or computer.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IMPORTANT:** All account request forms must be submitted to a supervisor at one of the WinstonNet Computer Lab locations. The supervisor will review the request and forward the information to the WinstonNet Helpdesk. You should receive your WinstonNet email information within a couple of days.

**For Office Use Only** (to be completed by requesting computer lab supervisor)

Originating Location: \_\_\_\_\_

Requesting Supervisor's Name: \_\_\_\_\_

Requesting Supervisor's Email: \_\_\_\_\_

Signature: \_\_\_\_\_