



CruzID Account Modification Form University of California, Santa Cruz

What to do with your completed form:
Mail this form or fax it to the IT Support Center: Fax: (831) 459-4171
Kerr Hall room 54, UCSC Santa Cruz, CA 95064
or send it via campus mailstop: ITS-Kerr

Questions? Call us: Phone:
(831) 459-4357

Name (First MI Last)	Employee or Student ID Number	CruzID login
Daytime Phone Number	Unit/Division	Alternate Email
College/Division	Title and when possible the name of person previously in this position	Ever been a student here before? If yes under what name?

Access requested for: (Please go to URL for additional forms: <http://its.ucsc.edu/accounts/forms.html>)

FIS (Banner)

PPS

NES Web

AIS

Removal requested for:

FIS (Banner)

PPS

NES Web

Data Warehouse

AIS

CruzID login name change request:

Change Login Name: Please provide us an alternate in case the combination has already been assigned. (CruzID must be 3-8 characters)

First Choice

Second Choice

Applicant Agreement:

My signature on this application constitutes my receipt of and intention to comply with the University policies governing the use of this account. I can read these policies at: <http://its.ucsc.edu/accounts/docs/access-info-stmt.pdf>. I will not disclose my password to anyone. **All applicants must sign below**

Applicant Signature _____ **Date** _____

Sponsor/Supervisor Signature/Agreement:

I understand that it is my responsibility to notify the ITS Support Center (by emailing: help@ucsc.edu) if this employee leaves or change positions.

Sponsor/Supervisor Signature _____ **Date** _____

IT Account Service Team Internal Use Only

ITR Number _____ Date Received _____ Date Notified _____ Completed by _____ Rev.05/2014