



Office of Information Technology

Network Account Request Form

All requests for use of IT resources will be governed by the Bergen Community College [Acceptable Use Policy](#).

Employee Name _____ Department _____

Employee Telephone # _____ Room # _____

To request a new telephone number or telephone changes, please submit the appropriate form that can be found on the [Forms](#) page under Office of Information Technology.

Complete the Following Section:

Select employee status: Permanent Faculty/Staff Temporary Staff Adjunct Faculty/Lecturer

What is the employee's Start Date: ____/____/____

If temporary staff, enter employment termination date: ____/____/____

Does this employee require a BCC Email address? YES NO

Does this employee require a BCC Network account? YES NO
(For access to network resources such as network storage and computer access)

Does this employee require Voicemail? YES NO

Does this employee require Colleague access? YES NO

If so, please specify security clearance: _____

Additional Requests or Comments: _____

Supervisor Name _____ Date _____
(Please Print)

Supervisor
Signature _____

Please return the completed form to the Bergen Community College Help Desk in A205E.