



## Information Technology and Support Services Correction/Name Change Request Form



### Requestor Information (Please be sure to print clearly)

Full Name:		Date of Hire:	
Position/Title:		Phone/Extension:	
Building/Dept:		Room #	

Please complete information to be **either Corrected OR Changed.**

Please indicate information to be **CORRECTED**

### Correction From: (Please be sure to print INCORRECT information clearly)

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### Correction To: (Please be sure to print CORRECT information clearly)

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Please indicate information to be **CHANGED**

### Name Changed From: (Please be sure to print EXISTING information clearly)

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### Name Changed To: (Please be sure to print DESIRED information clearly)

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### Required Signatures

Requestor's Signature:	Date:
Administrator's Name:	Date:
Administrator's Signature	

*Please forward completed form to the Help Desk via fax at (908) 731-4366 or inter-office mail.*