

MILES COLLEGE
INTERNET/E-MAIL REQUEST

NAME _____ JOB TITLE _____

DEPARTMENT _____ PHONE# _____

DEPT. SUPERVISOR _____

COMPUTER TYPE: _____

MAKE: _____

MODEL: _____

BLDG. LOCATION _____ ROOM # _____

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

All employees will be asked to provide individual passwords. Submit completed Form to
Mr. Mack Thomas – Technology Department

<p>OFFICE USE ONLY</p> <p>PASSWORD _____</p>
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