

**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><b>OFFICE USE ONLY</b></p> <p><b>PASSWORD</b> _____</p>
--