



Alverno College Staff/Faculty REQUEST FOR NAME CHANGE

INSTRUCTIONS:

- ✓ Complete this form, and **RETURN BOTH COPIES** to the Tech Services mail drawer.
- ✓ A copy of this form, showing your new user ID and e-mail address, will be returned to you.
- ✓ Contact the Tech Services Help Desk (Ext. 6700) if you have questions.

PLEASE PRINT:

Former Name:

First Name: _____ Middle Initial: ____ Last Name: _____

Current User ID (ex: SmithJE): _____ Effective Date of Change: _____

New Name:

First Name: _____ Middle Initial: ____ Last Name: _____

Department: _____ Extension: _____ Room #: _____

I understand that Tech Services will “redirect” my mail to my new name for two (2) weeks after the Effective Date of Change (as indicated above) and that, after the 2-week period, any mail sent to my old e-mail address will be rejected. I am aware that it is my responsibility to notify others of my new e-mail address.

Signed: _____ Date: _____

User ID: _____

Password: Same as before

E-mail address: _____@alverno.edu

For Tech Services Use Only : Checklist for Name Change

___ Change User ID	Per: _____ On (date): _____
___ Name Change Info Sent to New Account Group	Per: _____ On (date): _____
___ Change E-mail Address in Faculty/Staff Directory	Per: _____ On (date): _____
___ Change E-mail Address on Redirector	Per: _____ On (date): _____
___ Recreate Home Directory and Move Data	Per: _____ On (date): _____
___ Update TrackIt	Per: _____ On (date): _____
___ Change/Update Phone / Voicemail	Per: _____ On (date): _____
___ Update Datatel	Per: _____ On (date): _____
___ Update Moodle	Per: _____ On (date): _____

To Be Distributed by Tech Services: **▫ White: Tech Services** **▫ Yellow: Employee**