

SUNY New Paltz Computer Account Change

(Please print legibly. Return the completed form to HAB 50 or fax it to 845-257-6900)

The information below is required to process your department or name change

Your first and last name _____ (as you prefer it listed)

If you are changing names, please indicate your prior name: _____

Your NPCUID (login name) _____

Department: _____ Building/Room# _____ Phone _____

If you are changing departments, please indicate the department you are transferring from:

Effective date of transfer: _____

Are you also a student at the college? Yes _____ No _____ Alumni/Former student _____

Are you Full Time _____ or Part Time _____

Is this a temporary account? Yes _____ No _____

If so – what is the expected end date: _____

Department Contact:

Who in your department may we contact for questions pertaining to this account?

Name: _____ Phone Ext. _____

Special Accounts:

If you need access to Banner or Argos - please have your supervisor e-mail Alan Mingen (mingena@newpaltz.edu) to request access.

E-mail Accounts:

Do you need to change your current campus email system?

No – my current email is fine _____

OR

Yes – please change my email from NPMail to Zimbra _____
