



Computer Logon Account and E-mail Request Form

Baruch College
The City University of New York
1 Bernard Baruch Way
New York, New York 10010

Once Form is Complete, Please Submit Original Hard Copy to Persi Cofresi, 9th Floor Dean's Office
Please Allow Up To One Week for Processing

Form Completed By: _____
Print Name Signature Date

Employee Name _____
Last First

Baruch ID # _____

SPA Department/ Center _____

Job Title _____

Start Date _____ End Date _____
Note: For All Positions Note: For All Non Full-Time Positions

Position Held Full Time Faculty Adjunct Faculty Graduate Assistant
 Full Time Staff Part Time Staff Volunteer
 Census Research Affiliation Practitioner/Instructor Guest

Computer Location 135 East 22nd Street (Bld. D) 17 Lexington Ave (Bld. A)
Floor _____ Rm. No. _____ Work Station _____

Computer Access Yes No

Baruch E-mail Yes No

Note: For SPA IT Dept. Use Only

NOTES

Employment/Start Date Confirmation _____
Confirmation Start Date
Form Approved By: _____
Angelina Delgado
_____ Date