



**Currently, you are not an active user. Once you have completed this form and it is signed by your department head, return to Jo-Ann Myers by mail or fax to X22522.**

First Name:	
Last Name:	
Campus E-Mail Address:	
Extension:	
Department	
Building/Room	

**Approval to use the Copy Center On-Line Program is granted.**

\_\_\_\_\_  
Signature of Department Head or Designee

\_\_\_\_\_  
Date Approved

**PLEASE ALLOW UP TO TWO WORKING DAYS FOR ACCESS TO BE GRANTED**

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**Special Note:**

**To use the Copy Center On-Line Program you must have a CCSU NT Network/Exchange Mail Account (BlueNet ID). Forms to request this account are available on the Information Technology Services website at <http://www.ccsu.edu/its/> under the heading of “Get An Account”.**