



Account Request Form

This form is an editable PDF file. Please fill it out using Adobe Acrobat or Adobe Reader.
 When completed, please fax to (646) 962-0405 or (212) 746-8161.
 If you have any question or concerns, please do not hesitate to contact ITS support at (212) 746-4878.

1.) Account Type: E-Mail Calendar GECB / Flowcast EPIC Web VPN LDAP/
 Active Directory

Please provide the following information:

CWID: _____
 (Center-Wide ID, not employee ID)
 example: **abc1234** @med.cornell.edu or @nyp.org

If you are a new Weill Cornell Employee or Instructor and need a Center Wide ID (CWID), please contact HR:

Kelley McVay
 kem2011@med.cornell.edu
 212-746-6183

Name: _____
 (Last name, First name)

Have your Social Security Number, full name and department and division that you work for ready. Please **DO NOT** send your Social Security Number over e-mail. Also, if you are a student or a non-employee (contractor) of Weill Cornell, please contact ITS at 212-746-6333.

Department: _____

Authorization:

[With ITS Tag] If your computer has an ITS Tag (see below), and you are the computer's primary user, there is no charge.

SAMPLE:

ITS						
-----	--	--	--	--	--	--



old tag



new tag

[Without ITS Tag] There is a \$100.00 per fiscal year charge for each email and Web VPN account created.

WMC Account Number:	
Administrator/Sponsor Printed Name:	Phone:
Administrator/Sponsor Signature:	Email:

FOR RESEARCH GRANT ACCOUNTS ONLY

Please obtain authorized signatures from both the Principal Investigator and Research Accounting.

Principal Investigator Signature:	Date:
Research Accounting Signature:	Date: