

AUGNET USERNAME CHANGE REQUEST FORM

Your Identification Information			
Student ID number:		AugNet username:	
Current legal name:			
Former legal name (if applicable):			
Your Contact Information			
Fill in one or both →	Telephone number:		
	Non-Augsburg e-mail address:		
Reason for Request			
↓ Check one option here			INTERNAL USE
My legal name has changed	Your new legal name must already be on file with the Enrollment Center.		Approved by: _____ Date: _____
I am receiving harassing e-mails	A report of the harassment must already be on file with Department of Public Safety.		
Other (please describe below). Requests are evaluated on a case-by-case basis.			
Effective Date of Username Change			
Changing a username while you are actively involved in courses can cause some disruption to your academic work. In particular, your access to courses in moodle may be interrupted for a few days, and you may miss some email messages while your account is in transition.			
↓ Check one option here			INTERNAL USE
Please change my username now. (Requests are usually processed within one week).			
Please wait to change my username until the end of the following term: <i>Check one option in each column to the right, and fill in the year →</i>	Fall Winter Spring Summer	Semester Trimester Summer I Summer II Summer Online	Year: _____ Hold change until _____
Email Forwarding			
At your request, incoming email sent to your old Augsburg address can be forwarded to your new Augsburg email address until the end of the term in which the change is processed. It is your responsibility to inform others of your new address.			INTERNAL USE
↓ Check one option here			Forwarding requested on _____
I would like my email to be forwarded			Ticket # _____
I do not want my email forwarded			
Authorization and Signature			
I request and authorize that the IT Department change my AugNet username and e-mail address for the reason given above. I understand that my new username will be chosen by IT staff taking into account the naming conventions in place at the time this request is processed.			
Signature: _____		Date: _____	
<i>(You must sign this form by hand. A typed name is not acceptable.)</i>			
INTERNAL USE ONLY			
New username _____		Moodle update requested on _____	
NDS changed on _____		Ticket number _____	

Return this form to the TechDesk

In person:	Room 104, Lindell Library
Mail:	2211 Riverside Avenue CB 316
	Minneapolis, MN 55454
Fax:	612-330-1689
Email:	techdesk@augsborg.edu (scanned copy of signed form)